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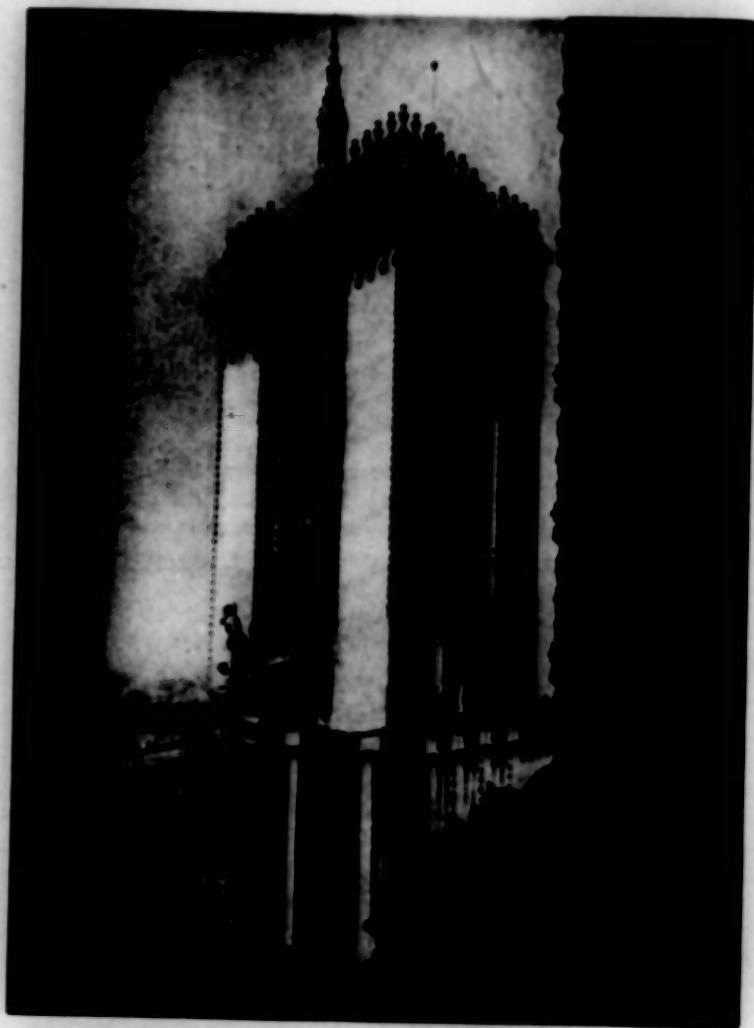
No. 8

EDITORIAL COMMENT

OUR NATIONAL MEETINGS

When it was found that the international meetings had to be abandoned, many nurses were discouraged and felt that the San Francisco meetings would not amount to much and, on that account, gave up the idea of going, but the development of the program and of the arrangements for the meetings, with the glowing accounts which reach us of the beauty and interest of the two expositions, have made us believe that the coming convention will be one of the greatest ever held. Everyone who can possibly do so should avail herself of the opportunity to go to the Pacific Coast at a time when the railroad rates are so moderate as they are at this time. Such rates may never prevail again during a generation. We want to remind those who must consider close economy that there are ways of going that are much more economical than by the few limited trains with luxurious Pullman equipment. There are slower trains with tourist sleepers that are perfectly comfortable and before purchasing tickets, it will pay the traveler to make a careful study of routes, prices, etc. The opportunity of making a side trip to San Diego with no extra railroad expense, is a most unusual attraction for those who take a southern route.

There is nothing so enlightening to anyone as a journey of this kind. A greater knowledge of our own country enlarges our horizon and broadens our view of life, even if we lose sight, for a moment, of the advantages of the Exposition and of our convention, and the experience to be gained is well worth the time and money. In the expositions, themselves, one gets a concentrated knowledge of methods and of the productions of the whole world which would not be gained by



THE ORGAN TOWER IN THE COURT OF ABUNDANCE AT THE PANAMA-PACIFIC INTERNATIONAL EXPOSITION AT SAN FRANCISCO. THERE ARE FIVE MAIN COURTS AT THE EXPOSITION ALL OF THEM DIFFERENT IN STYLE AND ARCHITECTURE. THE COURT OF ABUNDANCE IS GOTHIC WITH A TOUCH OF THE SARACENIC AND IS ONE OF THE MOST BEAUTIFUL UNITS IN THE WHOLE EXPOSITION.

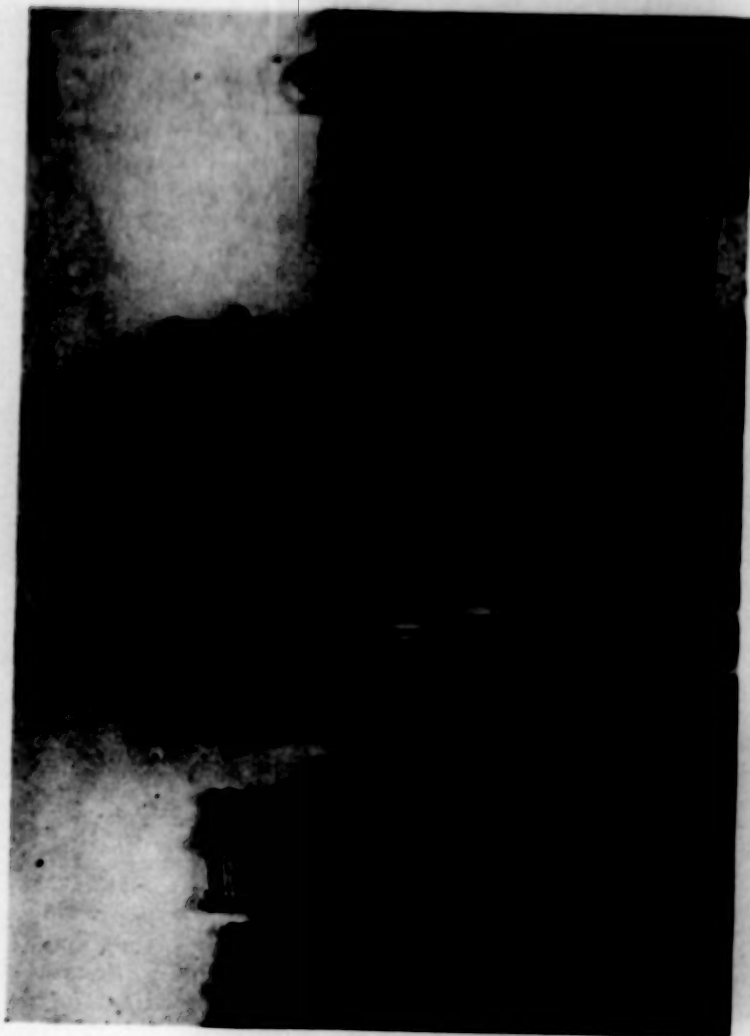
much travel abroad. No one needs the enlightenment and refreshment that come from travel, from the wonders of the exhibits and from our stimulating conventions than does the hard-working nurse whose time, thought, energy and strength are devoted, year in and year out, to the comfort, welfare and mental diversion of others. It is the best kind of a vacation and a splendid investment for the future.

The Committee of Arrangements for our meetings in San Francisco has succeeded in obtaining for our members two very unusual privileges. We have spoken before of the opportunity we are to have in holding our Wednesday afternoon meeting in the Greek Theatre in Berkeley, when the American Hospital Association will be our guests, but we are still further honored by being granted the use of beautiful Festival Hall for our Tuesday evening meeting and there is a possibility that one of the greatest organists of the country will give a recital, preceding that meeting. On Monday afternoon, during the afternoon tea which is arranged for each day, Mrs. Berry, an art critic and the only official woman guide to the Exposition, will give a talk on the Exposition, explaining how to use one's time to advantage and what is most worth seeing. Wednesday and Friday evenings and all of Saturday are left free for delegates to avail themselves of the opportunity of visiting the Exposition, even if they have to return home at the end of the week, but it is hoped many will plan to take all or part of their vacations at this time and stay on after the meetings are ended.

We want to remind those who are to take this trip not to carry their money in loose cash but, if they have not bank accounts, to take bankers' or express companies' checks which can be cashed in small amounts in many designated places. We would warn them, also, that they will need warm clothing. San Francisco has, for part of each day, a scorching breeze from the ocean, so that one needs a light jacket, a sweater or warm underwear. Those who plan to visit the Grand Cañon should be prepared for the extremes of both heat and cold.

CANDIDATES FOR OFFICE

For the benefit of associations and individuals who are members of the American Nurses' Association and who may not be personally acquainted with those whose names appear on the ticket of nominations printed in this issue, we make the following explanation. The ticket will be mailed to association members with the credentials cards by the middle of May; at the convention in June, printed ballots will be provided on which these names will be printed and the one chosen by the voter will be marked by a cross instead of being written on a blank



THE BEAUTIFUL FINE ARTS BUILDING SEEN ACROSS THE FINE ARTS LAGOON AT THE PANAMA-PACIFIC INTERNATIONAL EXPOSITION AT SAN FRANCISCO. THE OPEN DOME IS THE CENTER OF THE SEMI-CIRCULAR BUILDING BOTH ENDS OF WHICH CAN BE SEEN IN THE PHOTOGRAPH. MANY OF THE FINEST PICTURES FROM THE WAR ZONE IN EUROPE HAVE BEEN SENT TO SAN FRANCISCO FOR SAFE KEEPING AND FOR THE ENJOYMENT OF THE EXPOSITION VISITORS.

ballot as has been formerly done. This will simplify the process of voting for the delegates and will greatly facilitate the work of the tellers.

Associations should study this ticket carefully, if it is their custom to instruct their delegates how to vote.

The nominations are as follows:

For president, Ansp. W. Goodrich, whose name appears alone, the second nomination to be made from the floor. Miss Goodrich needs no introduction to the nurses of the country more than to say that she represents the state of New York, that she is an assistant professor in the Department of Nursing and Health, Teachers College, that she was for several years Inspector of Nurse Training Schools of the state and that she now holds the office of president of the International Council of Nurses.

For first vice president, Adda Eldredge and Elizabeth R. P. Cocke. Miss Eldredge represents Illinois, she is well known in the office of first vice president, having served for two years. She is an instructor of nurses in St. Luke's Hospital, Chicago. Miss Cocke is not as well known, perhaps, to nurses at large but she has been one of the most active and progressive workers in Virginia both in state and local affairs.

For second vice president, Agnes G. Deane and Retta Johnson. Miss Deane is renominated for the office which she has held since giving up that of secretary which made her widely known. She represents Michigan, being assistant superintendent of the Visiting Nurse Association of Detroit. Miss Johnson is secretary of the Texas State Association and is engaged in college nursing.

For secretary, Katharine DeWitt and Mary S. Sims. Miss DeWitt at present holds the office for which she is renominated, she is an Illinois Training School graduate, residing in Rochester, New York, where she is assistant editor of the American Journal of Nursing. Mary S. Sims represents Pennsylvania and was for some years secretary of the Pennsylvania State Association.

For treasurer, Mrs. C. V. Twiss, whose name appears alone, the second nomination to be made from the floor. Mrs. Twiss has been for five years a most efficient and faithful treasurer. She represents New York, she has been always active in alumnae and county organization work and was for several years president of the New York State Nurses' Association.

For directors, the six following are at present serving as directors and are renominated, all being well known as valued workers,—Jane A. Delane of District of Columbia, Mary M. Riddle of Massachusetts, Mathild Kresger of Wisconsin, Ella P. Crandall of New York, Mary C.

Wheeler of Illinois and Anna C. Maxwell of New York. The six new candidates nominated are: Mrs. A. C. Hartridge of Georgia, a Johns Hopkins graduate, who has been president of the Georgia State Association; Mrs. J. E. Roth of Pittsburgh, formerly a hospital superintendent, now retired, but whose continued interest in nursing affairs has led her to do efficient work on some of the most important national committees; Margaret Dunlop of Philadelphia, superintendent of the Pennsylvania Hospital; Marietta B. Squire, president of the New Jersey Board of Examiners since its organization, one of the most progressive private nurses of the country; Lydia A. Gilman, best known in connection with the Relief Fund of which she has been chairman for several years, she has always been active in local and state work in Pennsylvania and has been before a director of the national association; Dr. Helen B. Criswell of California, one of its most cultured and progressive women. After graduating as a nurse, she studied and practiced dentistry but is now retired. She has been president of the California State Association and is one of the broadest members of the profession on the Pacific Coast.

In selecting candidates for office for the coming year, we think members might well consider what locality the candidate represents that the ticket may be well balanced geographically and that the majority of officers shall not be from one section of the country. Nominations can be made from the floor for any of these offices. There are thirty-nine states affiliated with the American Nurses' Association and there are eleven offices to be filled.

"TYPHOID MARY" ONCE MORE

It will be interesting to all our readers to know that the typhoid epidemic at the Sloane Maternity Hospital in New York which disabled so many doctors and nurses was finally traced to "Typhoid Mary," of world fame as a germ carrier, who had been employed as cook in the hospital, under an assumed name. This unfortunate woman is again segregated and is under treatment. A very disappointing feature of this epidemic was the apparent failure of anti-typhoid vaccine to protect all those who had been treated with it. The superintendent of the hospital writes that engaging a cook for an institution has become a hazardous undertaking.

CENTRAL HEADQUARTERS

We commented in the March JOURNAL on the importance of a full discussion in regard to the matter of national headquarters and stated

that the committee having this matter under consideration would make a report through our pages before the meetings of the national associations in San Francisco. This committee is composed of the following members: Chairman, Mary C. Wheeler, superintendent of the Illinois Training School for Nurses, Chicago and a director of the American Nurses' Association; Martha M. Russell, superintendent of the Flannery Maternity Hospital, New York, a member of the National League of Nursing Education, chairman of the Programme Committee for the three national associations; Ella Philip Crandall, of New York, executive secretary of the National Organization for Public Health Nursing.

The report sent to us by Miss Wheeler is as follows:

The committee on national headquarters for the American Nurses Association is in receipt of many letters regarding the meaning of the establishment of national headquarters and also of the progress of the same. It would seem that a *Journal* explanation of this important question might be of interest to the nurses in the different parts of our country. From the letters received, many have an idea that national headquarters have long since been established and are about to be moved. We beg to state that the American Nurses' Association has never had any place known as headquarters; that we are just talking about it now.

The question involves two items of prime importance; first, Is it advisable to establish national headquarters? secondly, what would be involved in doing so?

In answer to the first question, central headquarters would give an established place for the meeting of the officers of the three national organizations of nurses, and for their committees. According to the recent statement made by the revision committee, it is not necessary to hold the directors' meetings in New York state because the Association is incorporated there. These meetings may be held at any convenient place. The officers and committees meeting at a central place, would be valuable for the reason that these officers would have at hand such data, papers, etc., as they might need at their conferences. Custodial care of important papers, seals, etc., of the three organizations could be given here.

Besides being a place for the general transaction of business, such headquarters should be a place for the collecting and giving out of reliable information and inspiration concerning the nursing profession; it should be of help to associations which are being organized; it should be of help to individuals who wish either advice or a safety valve, in many of their troubles. This central office could be of national and international value. It may be our good fortune, some day, to have a permanent interstate secretary. Some central location for this secretary will be almost a necessity, if the work becomes as valuable to the various states as the offices of the secretaries of the state boards of nurse examiners have become to the individual states.

Considering the purposes of such a place and the influence it probably would have upon the whole profession, the matter of location is to be carefully considered. It should be a place acceptable to the greatest number of nurses; a place most accessible to the greatest number of nurses, entailing the least expense to them in taking advantage of its information. The women who are in

need of advice or cheer in their problems who can get into touch with such a place of information easily, will certainly appreciate the establishment of such a bureau, a perfectly normal outgrowth of such activities as the nurses have been forwarding for many years. The question comes, Just where is the largest number of graduate nurses located? At present we know so little about ourselves; there are no reliable data compiled as to the total number of graduate nurses in the United States; the output from the schools, annually; which states enjoy the largest number of nurses. In answer to questions sent out by this committee, only nine states have sent in the number of nurses registered in their respective states during 1914, and fourteen states have reported the number registered prior to 1914. Before any place can be logically asked to invite the national headquarters, we must know where, approximately, the largest number of nurses is located. We might make a guess, but when the woman who is preparing herself for the interstate secretary's work comes into office, she may wonder why we made such a direful mistake as to numbers of nurses and location.

Then we should look for inducements. If any city wants us, what is it willing to do to push the movement? Will it give house-room, will it help to meet the current expenses, what financial arrangements can be made? New York, Washington, St. Louis, Chicago, St. Paul or Minneapolis, and Omaha have all been suggested. What is your choice as a State Association, District Association, Alumni Association and as an individual? The national organization can only decide after it hears from the nurses.

The committee, at a meeting of the Board of Directors held in New York in January, recommended that action be postponed on this question until the convention to be held in 1917 and that the committee give this matter some publicity between now and June 23, asking for discussion of the same in San Francisco.

Would central headquarters be of service to you in your professional capacity?

Where should such headquarters be located to be of the most value to the greatest number of nurses?

How much time, effort, money and interest are you willing to put into it?

MARY C. WHIMMAN, Chairman,
539 Monroe Street, Chicago.

PROGRESS OF STATE REGISTRATION

Reports have not reached us from all the states where legislation for state registration or for amendments have been under discussion during the winter. Of the new bills introduced, those of North Dakota and Maine are the only ones reported as having become laws. We have not yet seen a copy of the North Dakota measure but we understand that while registration is voluntary, there is a full nurse board of examiners and, considering the tremendous opposition which had to be overcome, it is considered to be fairly satisfactory by those who were directly responsible for the legislative work. The Maine law has a board composed of four nurses and one physician and passed both houses of the legislature without opposition.

Massachusetts reports failure of the amendment which was introduced, not by the State Association, but by members of the Board of

Registration, who proposed to register two classes of nurses, one as attendants, the other as regularly-trained nurses. Under the original bill no preliminary qualifications for registration are included, but any person may take the examination and, if she passes successfully, may be enrolled as a registered nurse. The active promoter of the amendment was Dr. Bowers, secretary of the Nurse Board, who is also secretary of the Medical Board. The most active opposition to the measure was, as usual, from the Waltham Training School, represented by one of its older graduates, who is a member of the State Nurses' Association, although she is working against the program of nursing standards upheld by that association. It will be remembered that the graduates of the Waltham School were not formerly admitted to membership in the State Association and this ruling has only recently been changed from the fact that the school has increased the period of training for its nurses to two years in the hospital instead of seventeen months, out of a four-year course. We understand that those interested in the program of nursing in Massachusetts will carry forward each amendments each year until they have succeeded in educating the members of the legislature to the justice of their demands. We hear it rumored that Governor Walsh is planning to abolish the examining boards of all the professions and to substitute a paid board composed of one member from each profession represented.

Connecticut has a similar plan under consideration, we hear, which may materially alter the status of the Nurse Board.

Alabama nurses are making a first attempt for state registration but are being bitterly opposed by the state hospitals for the insane.

There are amendments to the New York law before the legislature, but as we close our pages the prospect seems unfavorable for action this year.

Iowa nurses have been called upon to oppose an amendment having for its object the shortening of the period of training from three years to eighteen months. By vigorous action on the part of a special committee this measure was defeated.

Colorado has a new nurse law, signed by the governor on April 10.

New Jersey nurses have carried amendments to their registration act. The principal features are providing for any surplus money to be held for the use of the Board and securing the right to hold examinations at different points in the state. There was an opposition amendment which was defeated.

In Montana an effort has been made to break down the status of the Board of Nurse Examiners which, though defeated, was a cause of much hard work and great anxiety to those having the matter in hand.

A graduate of the Chatauque Correspondence School, having taken the examination for practical nurses and failed, appealed to the State Association which sustained the decision of the Board of Examiners. She then appealed to the courts and won her case in a lower court but the Superior Court gave a ruling in favor of the Board of Examiners. Her friends then made an effort to amend the Montana law to suit the needs of her case. The nurses of the State Association succeeded in killing this amendment in committee. Some of the amendments suggested are interesting as showing how far from home some people will go to carry their point. The Board, or at least a majority of its members, was to be composed of doctors; registration was to be made optional instead of compulsory; non-graduates were to be required to have had only three years of nursing experience and the Chatauque School of Nursing was to be made an accredited school.

An amendment to the Tennessee Nurse Practice Act of 1911 has resulted in the reorganization of the Board of Examiners, three physicians and two nurses composing the Board, in place of a full board of nurses, as previously enacted. This amendment was brought about through the influence of a group of small institutions that have not complied with standards established by the original bill and which, with the free use of money, were able to destroy much of the work which has been accomplished since the first law for the registration of nurses went into effect.

The amendment, as presented, called for a Board composed of three physicians. In securing the addition of two nurses, the Tennessee nurses feel that they have accomplished much, but we know that the whole country will sympathize with them in the destruction of the good work accomplished during the past few years. Another point gained was making the examination for registration a requirement of the law. We understand that every means possible was used to intimidate the nurses appointed to carry through this measure, but in spite of every opposition they stood staunchly for the principles involved, for which every one who appreciates what such a struggle means will congratulate them.

In Ohio, where the constitution of the state prevents women from being appointed to government positions, a bill was introduced by the Legislative Committee of the State Association which makes the registration of nurses a part of the work of the Medical Examining Board.

In the other states where legislation is in progress, the opposition is of a character that shows how helpless nurses are because of the fact that they are women and have no vote.

MASSAGE, ITS PHYSIOLOGICAL EFFECTS

By ANNA QUINCY CHURCHILL, A.B., A.M.

Dorchester, Mass.

If trained in skillful ways
And married to your mind and heart, your hands
Can execute enduring artistry and soothe,
If bred to serve, a restless world to rest.

JENNIFER HAMMOND.

It is difficult to give a good definition of a scientific term. When after much thought and study, a definition has been put together, it is discovered that it does not fit all cases. To no term in gymnastic literature have there been attached, in the course of time, so many different meanings as to massage. This is because nobody knows where to draw the line between all the exercises, whether active or passive, that exist in medical gymnastics and the exercises of physical training as used in schools and gymnasia for the healthy. But this is not so difficult, for exercises for pathological conditions can be put in the class of medical gymnastics. They are exercises used for medicine, as the term denotes. But having thus separated general gymnastics from medical gymnastics, the task is more difficult to draw a line between massage and medical gymnastics. The term massage comes, probably from the Arabic *mass* or *masa* meaning to press softly. Translating this word in its strict sense, massage seems to signify a group of procedures best done with the hands, such as friction, kneading, rolling and percussion of the external tissues of the body. But because the joint movements, especially passive exercises thereof, and in many cases also active and resistive movements are often given as part of a massage treatment, the term has come to overlap the field of medical gymnastics to an extent that manuevers and writers on massage cannot agree upon. Cyriax says: "For myself I consider that the word massage should be restricted to denote merely Metcalf's 'effleurage' 'pétrissage' and 'massage à friction.'" Mitchell defines massage as "a form of passive exercise by systematic manipulation of the body for definite therapeutic ends." But Murrell makes the term include active as well as passive exercises by defining it as "a scientific mode of treating certain forms of disease by systematic manipulation." Broadly speaking, massage is any scientific manipulation executed on the human body with a curative, palliative, or hygienic object in view; and in this sense the term is used in this discussion.

It is not the purpose of this article to describe the manipulations of massage but rather their physiological effect upon the body. Yet before proceeding, it will be instructive to consider briefly the chief manipulations of massage, for which purpose the system of Dr. Albert Hoffa has been chosen. His manipulations are five, *stroking*, or *effleurage*; *kneading*, or *pétrissage*; *rubbing*, or *friction*; and *striking*, or *tapotement*; and *shaking*, or *vibration*. His treatment includes, as well, active, passive and resistive movements. In *effleurage* the hand performing the movement is pressed as tightly as possible to the surface treated and moves in a centripetal direction over the part. *Effleurage* is the beginning and end of each massage treatment and can be introduced between other movements. *Pétrissage* consists in a picking up of the muscle to be treated and a squeezing of it. The two parts of the stroke, though distinct, are smoothly blended. *Friction* consists of pressing with the palm or finger tips, meanwhile describing small ellipsoids, one after another. The skin and superficial fascia are moved upon the underlying parts. *Tapotement* consists of an elastic striking of the part treated, usually carried out by the fingers of the operator in semi-relaxation, the strokes being quick and springy. *Vibration* is the only stroke for which the operator holds his arm tense. For this reason it is a difficult and tiring stroke to administer. The hand or fingers being placed upon the part to be treated, the whole forearm is set in rhythmical trembling motion, so that the sensation transmitted is one of quivering.

The movements almost explain themselves. The passive exercises are those carried on by the operator with no effort on the part of the patient. The active exercises are those in which the patient makes the movement himself. The active movement may, however, be modified into assisted active, by the help of the operator, or into restricted active by his restraining pressure.

Massage is used most often for muscles but it is employed also for nerves and for joints. Joint massage is particularly beneficial after dislocations, sprains or fractures. Massage may be used for the viscera, especially for the stimulation of the alimentary canal, or, for example, the heart or the eye.

The physiological effects of massage are those that are gained from exercise. Exercise is the best way to gain these effects, but it is not always possible or desirable. The patient may be immobilized by splints or disease, or he may be too weak to perform for himself the exercises which, if first carried out passively, will later give him the strength to take his exercise himself.

The first effect of massage is, of course, upon the skin which is stim-

ulated directly. From the touch of the operator's hand the patient may receive any or all of the sensations that can be caused in the skin; such as pain, pleasure, warmth, coldness, pressure. Yet these sensations belong equally to the effect of massage upon the nervous system. The effect upon the skin itself is to improve its activity by stimulation of its glands. A dry hard skin may be made moist and pliable by improved action, due to massage, of the sebaceous and sweat glands; while its absorptive function may be made use of for inunction of ointments. The opposite effect can be produced on a skin already too moist, by the use of powder or a drying medium such as alcohol. The nutrition of the skin is improved by massage, not only by improved activity of the glands, but also by augmentation of the capillary blood-flow to the region treated.

Massage has one of its most important effects on the circulatory system. The flow of the blood and lymph is improved both in quantity and speed. And a rapid flow whether in a river, blood vessel or lymphatic, prevents the deposit of particles held in suspension. A free circulation overcomes the influence of noxious substances. As an illustration of this, laborers are able to do active work in an open sewer near which professional men cannot live without becoming sick. In the sewer the oxygen which would keep off the bad effects of the effluvia cannot be increased, but the increased rapidity of circulation, due to muscular work, keeps the laborers in health. The contraction and relaxation of the voluntary muscles assist venous return. When for any reason, these no longer occur, the venous flow languishes and with it, that in the arteries. In such a case massage is valuable to empty the veins and lymphatics by direct centripetal pressure. As has been well said by Kleen, the action is one of a combined force and suction pump. The effect upon the flow in the veins, in their superficial situation, is direct, and it is for this reason that the strokes of massage are given always toward the heart. Some claim that the effect by direct pressure upon the arterial flow is nothing because the arteries are too deeply placed to feel the stroke and because their elastic walls render them less susceptible to pressure than the thinner-walled veins. Others claim that upon the more superficially placed of the arteries massage holds up the flow, only to cause a subsequent rapid rush of arterial blood as soon as the pressure is released, such that the blood stream may be three times as rapid. Whether the arterial flow is affected by direct pressure or not, it is certain that the hands of the massager, as they press upon the veins, act as peripheral propelling hearts which cooperate with the heart itself, at the center and lessen its work. This diminishes the blood pressure in

the arteries but without increasing the frequency of the heart beat. It might seem, at first thought, to have a tendency to weaken the heart muscle to place its work, literally, in the hands of the massuer, but this is not true. By well filling the heart it becomes relaxed to beat more strongly immediately after and force the increased volume of blood over the body. The reason for the improved action of the heart muscle is not due to the necessity for forcing the increased blood content over the body so much as to the fact that the blood has caused a more complete relaxation than usual of the heart muscle. And physiology teaches us that a muscle must relax well in order to contract well. The pressure of massage upon the veins has, then, a beneficial effect upon the venous flow by direct pressure; upon the arterial flow indirectly through the improved venous flow, and perhaps directly by a temporary check to its flow; and finally upon the heart muscle to improve its contractility. The same stroke that does all this, acts simultaneously upon the tissues surrounding the blood vessels, causing a more rapid absorption of natural and pathological products through the walls of the lymphatics and venous capillaries. And finally, massage affects the circulation by stimulation of the vasomotor nerves.

That the lymph stream is improved has been demonstrated experimentally by Ludwig and Lassar. This is important in the treatment of sprains or any other conditions where there is effusion to be absorbed. Friction has been found to be the best of all the strokes of massage for this purpose. V. Monrozeil has proved this experimentally. He injected a mixture of India ink in the knee joints of a rabbit and then treated one joint with massage and not the other. The swelling caused by the injection disappeared in the treated knee and remained in the other. In the treated leg the ink was found to have been dissipated into the centrally lying lymph courses. It is for the improvement of the speed of the lymph flow and to promote its resorption of waste products that joint movements are valuable, in addition to the strokes of massage.

By thus carrying away effete matter, the nutrition of the muscles treated is improved, as well as by the improved flow of arterial blood to them. The tone and strength of the muscles thus improved is still further increased by their actual exercise under direction of the operator. Through the muscles over them, the nutrition and growth of the bones are improved indirectly, due to the improved circulation in the muscles.

The most useful stroke for strengthening the voluntary muscles is tapotement. Effleurage and pétrissage act restoratively on the mus-

also. Fatigue comes, at least to some extent, from the presence of so-called fatigue substances in the muscles. Among these substances are carbonic acid, lactic acid, and acid phosphate. Physiology teaches us that the removal of the fatigue substances and the influx of fresh blood bearing oxygenable material works restoratively on the muscle. Zakhidovsky demonstrated experimentally that effleurage could dispel fatigue, not only as successfully as rest could do so, but in less time. Upon a fatigued arm muscle effleurage was used for five minutes, after which the patient could again work with his arm. Otherwise, at least fifteen minutes rest was necessary before he could do the same amount of work. A certain musical director used to have effleurage for his arm before conducting because after such treatment he could beat time longer without getting tired.

The first effect of abdominal massage is upon the voluntary muscles of the walls, but its most important influence is upon the smooth muscle fibers of the alimentary canal. The glands connected with the digestive tract are stimulated also. Assimilation is increased and in most cases the appetite is improved by abdominal massage. Constipation is relieved, not only by direct pressure on the intestines, especially the large intestine, but also by the improved glandular activity. The latter may be caused, to some extent at least, by stimulation of the nerves of the canal.

Massage produces increased combustion in the tissues, causing carbon dioxide to be given off. The natural result of this is to increase the work of the lungs, making inspiration deeper and expiration fuller. Thus, not even the respiratory system escapes the beneficial effects of massage.

It remains to discuss the effect of massage on the nervous system. The effect upon this system is obtained in two ways, either by strokes directly over the course of the large nerve trunks, for example the supra-orbital or sciatic, or through the nerve endings in the skin, as has been described already. Through both, an influence is exerted to some extent upon the central system. In treatment of the nervous system, more than that of any other, the kind and force of the treatment must be considered. The treatment may have directly opposite effects administered firmly from those caused by gentle strokes. Weak pressure on a nerve arouses its activity, moderate pressure increases it, but still stronger pressure lessens its activity; while a very strong treatment may prevent it altogether. It is certain that treatment of the affected nerve relieves neuralgia. But it is doubtful why this result is gained. It seems possible that firm pressure upon an already stimulated nerve may prevent its activity and thus give the rest that

relieves the pain. Such pressure upon a healthy nerve may, however, stimulate it to over-activity and cause an artificial neuralgia. This effect has been produced and whether the reason suggested is correct or not, there is no doubt that nerve treatment must be undertaken with the utmost care and by skilled hands. The effect of massage on the nervous system is communicated to every system of the body. And every massage treatment must influence the nervous system to some extent. The result is usually delightful, sedative and tonic. During massage treatment most patients are in a state of repose. Generally those who relax to their treatment enjoy it and feel gloriously indifferent, and needless apprehensions are dispelled. But without the sympathetic touch the massage may fail to cause these desirable results and produce, instead, quite opposite effects. The sympathetic touch is inborn and cannot be taught nor explained. It can be improved but it cannot be acquired if it is not there. It is a mystery. But knowledge of the nervous system from every standpoint is more or less shrouded in mystery; as is also the interaction of the nervous system of one person on that of another, whether the influence is carried by the laying on of hands in massage, or in the friendly hand clasp, or across infinite space. But a discussion of the physiological effects should not enter the field of psychology and philosophy.

NECESSITY OF A BACKGROUND

By SARA E. PARSONS, R.N.

Boston, Mass.

Any artist will tell you that the background of his work must be just right or his picture will be a failure. It is a thing to be considered. The background is not the principal part of the picture but it can spoil it. Its purpose is, as I interpret it, to bring into effective relief the rest of the work; in itself it may and probably will be inconspicuous and give no hint of the time and thought expended upon it.

Thus in nursing work actuated by the "professional motive," to quote Florence Nightingale, "is the desire and perpetual effort to do the thing as well as it can be done, which exists just as much in the Nurse as in the Astronomer in search of a new star or in the Artist completing a picture." It seems to me that a nurse often thwarts her object by going at her work in a too haphazard sort of way. Instead of looking ahead and considering what she ultimately wishes to accomplish, she is too apt to accept what offers immediately after graduation without considering whether that will be the best thing in relation to what she hopes eventually to do.

My advice to all seniors is to carefully consider the field of possibilities open to them, to consider their own talents and aspirations and to do it as single-mindedly as if there were no question but that their lives were to be given to professional activities. The possibility of matrimony has wrecked many a career by hovering about the young woman, distracting her interest and proving in the end to be an illusion.

If a young graduate wishes to be an executive, it is very important for her to have several months' experience as head nurse of a ward or as an assistant superintendent in a small hospital before she tries private nursing. This is to establish confidence in herself; otherwise, if she does private work for any length of time she is often too timid to undertake a position that involves responsibility of other people's work and besides that, a superintendent seeking a head nurse or assistant would always prefer someone who had already had some experience. The new graduate knowing the doctors and the "red tape" of the hospital is more likely to succeed as a head nurse than one who has been out of the school for some time, unless she has already made an executive reputation.

One's experience before entering the training school will make some difference as to the time she must spend before advancing to a very important position. While creating a background it is desirable to work in more than one hospital. It is a remarkable person who can do her best work by staying continuously in one place. The inclination under such circumstances is to contract rather than expand. It is a good thing to have some experience for purposes of comparison.

For those who cannot create or for those who have not a prophet's vision, and the majority are not of that class, it is a great gift to be able to discern the excellencies in other people's work and to know how to adapt or to graft on new methods to familiar systems.

We should all be eager to give and take. The nurse who wishes to "corner" a good method for her own hospital or school society, ceases to be truly professional. Many nurses call on me to talk about the administration course. Often they have done private nursing for several years, have tired of it and decide that they want some desirable executive position. When I tell them that they should spend at least two or three years in building up executive experience in a subordinate capacity before even taking the administration course, they are usually much surprised. They are firmly convinced that as old graduates they should be able to leap into something large and lucrative.

The trouble is that they haven't painted in the right background and they really need to begin where the new graduate begins, so far as preparing for executive responsibility is concerned. Age and

experience such as one gets in private practice are assets if the opportunities have been rightly used, but in themselves, are not sufficient. In preparing the background for one's best work a nurse should remember that from graduation she should keep abreast of the professional literature and participate in her professional organizations. If one does not keep up with history in the making it is difficult to catch up later. The old graduate who does not know one nursing organization from another, who could not tell you who Isabel Hampton Robb was, who has not helped in securing registration, who has no interest in the improvement of nursing education is not the kind of executive that is sought for in important positions. The friendships that a nurse makes when working with others are a great comfort as the years go by.

The nurse who never writes a paper or expresses an opinion at the alumnae meetings is not building in a good background. The best way to prepare for public speaking or writing is to get so full of some nursing interest that one has to speak for it and to feel one's duty so strongly toward helping the nursing journals and nurse conventions that one has to write, no matter how hard it seems.

Social preparation is often neglected by the nurse who aspires to hold an important position some day. The executive who has the broadest usefulness is one who not only is an expert in her own line but one who has points of contact with the men and women with whom she has to deal.

To hear good music, to see good pictures, to travel, to meet other people of different professional interests, is to prepare oneself for more effective service. The business man or woman can give us ideas and we need their point of view in order to solve many of our own problems.

THE TRUSTEESHIP OF TRAINING SCHOOLS

By HENRY L. HALL

Chairman Training School Committee, Mulmastery Hospital, Plainfield, N. J.

The active hospital worker is constantly impressed by the surprising lack of knowledge displayed by the majority of the public respecting hospitals and training schools for nurses. Generally speaking, the public have little notion of the machinery and mental equipment required to run a hospital and training school. They know there is a managing board of some kind, a good, motherly-looking person in

¹ An address to the graduating class of Jersey City Hospital Training School for Nurses, Jersey City, N. J.

a white dress who looks after a lot of nurses and a lot of doctors who dash up to the hospital in automobiles and dash away again. They may frequently hear from some interested official that the hospital has an automobile ambulance and a perfectly lovely women's auxiliary. In stereotyped phrases we are told that it is a noble work and, in the same breath, that a series of bridge tens is about to be given to raise money for some sheets, pillow-cases, or something like that. You may think this statement is overdrawn but it is not. To satisfy yourself, ask anyone you please, who claims to do hospital work and learn from them to what extent they have an intimate knowledge of exactly what constitutes a hospital and a training school for nurses.

Hospitals ought to be conducted in the executive branch exactly as any commercial enterprise would be conducted. It requires money to operate a hospital, and usually this money is in the form of public contributions that must be expended with scrupulous care. It is a trust fund, if you please, which managing boards dole out with conscience and judgment. No reward awaits the zealous hospital worker, save the personal satisfaction of performing a civic duty in a conscientious manner.

An active hospital man at times finds his work a burden when it is added to the daily routine of attending to the business of earning his daily bread. He must study the problems of hospital management, not only in the light of his local environment but from the viewpoint of other institutions. It means visiting hospitals and training schools and reading unlimited pages devoted to the subject, to the end that he may assist in a form of administration that shall secure maximum efficiency.

Not the least of these duties is that obligation he ought to assume toward the efficient operation of the training school for nurses. For many years the education of a pupil-nurse was looked upon as a matter that concerned the hospital only. The general public knew very little about hospitals, except that they were places to be avoided, and of training schools they knew much less. Even governing boards of hospitals were not very clear as to the true purpose or necessity of the training school. Training schools were first organized in order that a hospital might secure the services of young women to care for the sick, at a minimum cost for a fixed period of say, three years, and many continue to be conducted for the same purpose.

The training school was simply an adjunct of the hospital to care for the sick and the question of education in the art of nursing was of minor concern. There has been, in the past few years, a gradual and marked change in the attitude of the hospital management in its relation

to the training school. This change in attitude has been brought about by the graduates of the training schools and not by any original conception or superior knowledge within the governing body of a hospital.

The coöperation of the graduate nurses and the medical profession has relieved the physician and surgeon of a vast amount of detail in the routine work of the wards and has developed a necessity for prescribed methods of training. With the growth of technical duties arose a necessity for definite preliminary training on the part of the prospective pupil, whereas formerly, almost anyone who felt an over-weening desire to be a nurse might be admitted to a training school, it soon became evident to those experienced in hospital and training school upbuilding that almost anyone would not be acceptable. A mental fitness was demanded and there began, and is now in progress, an aggressive movement to eliminate the low standards of admission to training schools and to bring about an improvement in the education of pupil-nurses. The adoption of prescribed standard methods of training is undoubtedly of primary importance to the immediate usefulness of the pupil-nurse in hospital service.

Governing boards of hospitals must ultimately accept this view, if they hope for maximum efficiency. A reasonable standard of admission requirement, followed by standard educational methods, will mean efficiency that spells dollars and cents in any hospital and training school. Equipment for training must be provided, otherwise your structure is built on sand. The character, variety and extent of service and the state of finance, are factors that measure the ability of the hospital to give adequate training.

Except in a very few instances, training schools are integral parts of the hospital and, of necessity, are under the control and general direction of the hospital authorities. The trustees and governors, who constitute the hospital authorities, have not in past years been fully alive to a realization of their moral obligations to the training schools connected with their institutions. Public interest is awakening and inquiring and learning more about hospitals and training schools. With increasing knowledge, intelligent public opinion is being formed. We, who are the workers and are identified with this field of activity must be prepared to answer the public when the questions are asked and give an accounting of our stewardship.

The time has arrived when we must know what our own schools are doing and what manner of material we are sending out into the nursing world to safeguard health and practice preventive methods. We must establish standards of admission, both as to age and preliminary education. We must study the problems of hours of labor and char-

acter of work. We must accept the responsibility of a curriculum, of instruction, of examining boards, of training school inspection and of the mental equipment of the young woman who bears a diploma with the impress of the seal of our institution. The nursing staff reflects the character of a hospital in a community.

State legislation has recognized in different degrees the necessity for the establishment of standards to be applied to the profession or art of nursing. Thirty-seven states have, by legislative enactment, prescribed examinations for the registration of graduate nurses. In the year 1889 fifteen training schools graduated 157 nurses. Thirty-three years later, 1913, there were eleven hundred training schools and the number who graduated that year, approximately, was 9000 nurses. There are today in training in the United States about 35,000 pupil-nurses, while of graduate nurses, both practicing and inactive, there are 66,000. This is a considerable array of talent engaged in a profession of growing importance and covering a field of usefulness that is broadening each year.

How comparatively few graduates and under-graduates realize that it was only a few years ago that the graduate nurse had a limited field of private nursing or institutional work from which to choose, institutional work usually meaning a subordinate position in a general hospital. Now a multitude of paths radiate from the doors of one's Alma Mater to congenial and remunerative occupations and graduates approach their professional work at a period when specialization is a dominant thought. There are about thirty lines of nursing activity. Permit me to indicate some of the occupations that demand a nurse's service, either according to her present abilities, or as she may in future increase her abilities by special study or experience:

Institutions where the medical and surgical professions practice;
Training schools: in this field a nurse can be a paramount influence to advance nursing education and uplift the standard of her profession. The demand for nurse instructors is increasing and this is a very wide field for her abilities, after proper training at some institution as a qualified nurse instructor; Special hospitals and homes for incurables and chronic patients; Care of the sick in their homes: private nursing; Sanitary commissions; Nurse-governess for young children; Assistant to physicians and surgeons in their offices; Assistant in professional laboratories (such as research and bacteriological); Agent for Board of Health; Assistant to medical officers in public school work; Resident nurse in universities, state colleges and boarding schools; Public health nursing, including district or visiting nursing, infant welfare work, insurance nursing; Accident and emergency ward of a large department store;

Anaesthetist or pathologist in a hospital, a new field; X-ray work, another developing occupation for which a graduate nurse is fitted after a little special training; Industrial corporations require nurses to take charge of accident wards and perform welfare work among employees; Philanthropic societies specializing in child welfare, mental hygiene and tuberculosis work; Army, Navy and Red Cross nursing; Nursing in fields of foreign missions.

Public health nursing, as a field of activity for the graduate nurse, is very broad and will at no very distant date be a recognized department of every well-organized hospital. It is a necessity in the clinic of a hospital. To follow up a clinic case or a discharged hospital case and attend to the home conditions, to provide methods to conserve the patient's strength and continue the work begun in the clinic or hospital, will promote the efficiency of the institution. An organized visiting nurse department in a hospital will show tangible results for money expended in that it will do much to prevent re-admission of patients. Hospitals are continually re-admitting patients who have been discharged as relieved but, lacking intelligent advice after leaving the hospital, the relief is but temporary and the patient again becomes a charge on the charity funds of the institution. A prominent worker in social service activities has said: "What is the use of nursing a youngster back to ruddy health if he is to return to the hospital in a few weeks as bad as ever? If the whole job is to be undone for lack of a little follow-up work during convalescence?" In this connection it is interesting to note that it is estimated that only 15 per cent of the sick of this country are cured for in hospitals and 85 per cent in their homes. I commend public health nursing to the earnest and thoughtful consideration of municipal authorities, hospital authorities and to graduate nurses who are seeking a field of work whose ultimate end is the conservation of public health through the practice of preventive medicine.

Nurses should do all they can to raise the standard of nurse education. Their profession is dignified and worthy of their sincerest effort. They should live a vibrant life. In the words of the distinguished Dr. Cabot, of the Massachusetts General Hospital and the Harvard Medical School:

The shortness of a nurse's working life is due to one-sidedness, far more than to the long days and the short nights which it entails. To use one set of faculties and to think one set of thoughts unceasingly, as most nurses do, is sure to break us down before our time.

A WOMEN'S HOSPITAL UNIT IN FRANCE

By IRENE KING SUMNER

Guildford, England

The Women's Hospital Unit which worked in Antwerp through the bombardment of the town is now installed in the old Château de Tourlaville near Cherbourg. The Hospital Unit came out with the approval of the British Red Cross Society and the authorization of the Order of St. John at the invitation of the French *Croix Rouge*. Through the help of the Women's Imperial Service League we were able to bring beds, bedding, medical stores and an X-ray apparatus.

The Unit is composed of six women doctors and surgeons, fourteen trained nurses and twelve women orderlies. The latter act in various capacities, as cooks, secretary, sanitary inspector, etc., and help with the work in the house. Two have brought and drive their own motor cars.

The head of the medical staff is Dr. Florence Stoney, who is an expert radiographer. The excellent X-ray apparatus is an invaluable aid in the finding of bullets and shrapnel and an arrangement has been added by which they can be localized which is of much assistance to the surgeons. The X-rays are on accumulators and work well.

The château is lovely and has a most interesting history, having once been a royal house. Most of it dates from the sixteenth century but the dungeons and one or two of the towers were built in the eighth century. As can be imagined, it is not conveniently arranged for a hospital. The drainage system is so inadequate and unhealthy that it cannot be used and whenever possible sanitary arrangements are out-of-doors at some distance from the house. Earth closets are provided and the trench system is employed. The French soldiers who act as *Infirmiers* and help with the rough work, dig the trenches and, three times daily, empty the large tins that are provided for use in the house. This system, under the direction of our sanitary inspector, has been found to answer very well. *Fauts de mieux*.

All water has to be carried upstairs. The hot water in the wards is heated on small "Primiers," or oil stoves, which need much attention. At first the overworked kitchen had to give us what it could spare but now two huge caldrons in the garden are kept boiling day and night, one contains water for washing up, the other, water for dressings, etc. An ancient system of electric lighting has been made to work and is very convenient, but candles have to be used after ten p.m., as there have been scares of fire. We hope there never may be one but we have



No. 1. CHATEAU DE TOURNVILLE
No. 2. GROUP OF NURSES ON STEPS OF CHATEAU
No. 3. THE AMBULANCE STARTING TO BRING IN THE WOUNDED

had fire-drill and all have exact instructions what to do in case of fire. When the first consignment of very badly wounded was here, it was no uncommon thing to have to tie an artery by candle light.

There is a grand stone staircase with fine iron balustrades. Some of the steps are so worn away that they are quite slanting. This house has a terrible history of crime and murder attached to it; a wicked murder was committed on the stairs and one step is known as *le marche de la main sanglant*, as the mark of a bloody hand is said still to be seen upon it. The sordid history ends with the death of Julien and Marguerite de Ravellet who were beheaded in Paris in 1602. There is a picture of Marguerite in one of the rooms we now use as a ward, and close to it is an exquisite suite of rooms in Henri IV style that are kept locked. One, *la chambre bleue* was Marguerite's boudoir and has a secret staircase connecting it with the room above.

Though the staircase is wide, some of the passages are so narrow that the stretchers had to be cut shorter to enable them to turn corners.

There are four motor ambulances and three touring cars. The wounded arrive at Cherbourg and we are advised by telephone when the ships come in, and go down to meet them. The wounded are divided into *petits blessés* and *gravesment blessés*. Our hospital is reserved for the worst cases. Each man is allotted to this or that hospital while he is on the ship, so there is no difficulty in sorting them out as they arrive. The slighter cases are often sent further on by train.

We are so glad to get our wounded under our care at last. Poor fellows! some of them have had so many journeys before they reach us. One soldier, with a very bad compound fracture of the leg, was moved nine times. Is it any wonder that when they get here after eight days' journey, with badly shattered limbs, that amputation is necessary? The terrible cases that arrived when the hospital was first opened were so septic that the whole house stank. The wounds were dressed frequently and disinfected pine sawdust in sterilised gauze bags was found most useful, both as an absorbent dressing and also in mitigating the awful smell. We were glad to have rubber gloves for these very septic cases. After all, the extraordinary thing is how well they do, for we have had very few deaths.

Our Frenchmen are so plucky and ready to laugh and joke directly they are out of pain. Their devotion to us is most touching and we certainly got fond of them.

Through the kindness of friends we have had a large tent given us, which is pitched on an asphalt tennis court close to the house. It was originally intended to be used as an additional ward, but the weather was too bad to allow it and it is now used as a dining-room for

convalescents and as a recreation room. We had several concerts at Christmas time: at one, the soldiers themselves sang and recited, and one of our heroes who has a fine voice sang, "It's a long, long way to Tipperary" in English, and fairly brought down the house. This young soldier has been decorated for valor on the field.

The hospital is under the direct supervision of the Maritime Chef de Santé, who pays us frequent visits and occasionally brings distinguished French surgeons to see the hospital or to witness operations here, and they have cordially praised the work of our women surgeons, in fact our hospital has quite a reputation.

Mrs. St. Claire Stebart, the directress of the hospital, took out the Women's Convey Corps which worked in Turkey during the Balkan War and then, for the first time I believe, a hospital managed entirely by women, was conducted near the firing line. It has now been established beyond dispute that women are capable of administering and directing hospitals in time of war.

A BRIEF HISTORY OF MATERIA MEDICA

By LINETTE A. PARKER, R.N.

New York, N. Y.

No one knows how the medicinal properties of plants and minerals were first discovered. It has been suggested that man first learned them by observation of wild animals who, when sick, search out special grasses or leaves to eat. The art of healing is as old as man and it is a disputed question whether it is oldest in China, India or Egypt.

China. China claims that its ancient books of medicine date back many centuries before the Christian era but there has never been any definite substantiation of the claim.

Egypt. There is an Egyptian papyrus written sixteen centuries before Christ containing one hundred and ten pages portraying medical life. This is supposed to have been written by a god, Thoth. Thoth was supposed to have special care of the digestive tract and is said to have been the originator of the clyster pipe or enema tube. Perhaps the expression, "Fear God and keep the bowels open," might be attributed to this mythical being. Moses was then at school and his most comprehensive rules of hygienic living, the Mosaic laws of the Bible, were probably learned from the Egyptians. They form a sanitary code which stands the test of modern scientific knowledge. The one name which comes down to us from the Egyptian medical world is I-m-hotep, a physician who lived in Memphis about 3300 B.C. He

was a priest, like all the early physicians, and with his followers practiced in some temple which has not yet been discovered. I-am-hotep used a large materia medica, practiced the most advanced principles of hygiene and, withal, a good deal of magic. Recent discoveries have shown practically without doubt that there was in old Egypt a well organized system of medicine with its specialists, surgeons, oculists, and gynecologists. It was primitive, to be sure. The priest physicians were compelled, on pain of death, to use the receipts for prescriptions in the temple books, because they were supposed to have been written by the gods. Hence there was no progress. The efficacy of the medicines used was supposed to be due to spirits dwelling in them and these medicines were never administered without invocation of the spirits.

India. From India there are extant two ancient works on medicine, a materia medica and a compendium on rules of pharmacy, the latter being the older. This gives a classification of drugs, as roots, barks, leaves; the sites where they grow; the time for collecting; modes of keeping them; length of time they remain good; and their weights and measures. There are directions for expressing juice from vegetables; for making powders of well-dried plants; for making cold infusions and decoctions. The dates of these books have not been definitely established but it is estimated that they belong to the ninth century B.C. To be sure there is much of superstition and absurdity in these early Hindu writings, but there can be found many things in use today. An oxide of iron with ginger and cinnamon was used as a tonic. Ammonia was inhaled for languor, fainting and hysteria. A preparation very like calomel was used in many forms even to the point of exciting salivation. The Hindus knew much of chemistry. They knew many acids, alkalies, and minerals and isolated a few salts of minerals. It is not known whether they or the Arabs were the first to use metallic preparations internally. The general rule of treatment in Hindu medicine was first, diet; if that failed, fasting; as a last resort emetics, purging, and bleeding. Even preventive medicine was suggested among the ancient Hindus, for the healthy were advised to take an emetic once a fortnight and a purgative once a month, and to be bled twice a year at the change of seasons.

During recent excavations in Assyria an example of the ancient methods of medical treatment was found by a German Oriental Society. On a brick dating about 2000 B.C. was the following toothache cure:

So must thou say this: "O worm, may En smite thee with the might of his fist." Then shouldst thou do the following: Mix beer, the plant; *en-bil-bar*, and oil together. Repeat thereon the incantation thrice and put it on the tooth.

Greece. In the recorded history of Greece the names which have lived as great in the medical world are Asclepius, Pythagoras, Herodotus and Hippocrates. Asclepius and his sons figured in the great siege of Troy about 1000 B.C. They were the first Greeks to devote themselves wholly to medicine. The story is told that Asclepius became so proficient in his art that he raised the dead. Pluto in Hades complained to Jupiter that his community was being depopulated, so Jupiter struck and killed Asclepius with a thunderbolt. Thereafter Asclepius was the god of healing. Asclepius is frequently pictured as leaning on a staff entwined with a serpent, and the serpent-entwined staff is still an emblem of the medical fraternity. One of many stories used to explain the origin of the symbol is that while Asclepius was sitting by a patient thinking of some way to cure him a serpent wriggled to him and up his staff. Asclepius killed the serpent and shortly another appeared bearing in his mouth a leaf which restored the life of his mate. Asclepius then used the leaf on his patient and wrought the desired cure.

The followers of Asclepius were called Asclepiads, and were priests of the Asclepiæa. There were in Greece three hundred Asclepiæa, institutions which in equipment and purpose much resemble modern sanatoria. The treatment aside from healthy and restful surroundings was moral advice, diet, interpretation of dreams, and a few drugs. No doubt many recovered by the general hygienic treatment; but, according to the votive tablets on which records were kept, most marvellous measures were known or at least believed in. A man with dropsy was visited in his dreams by the god Asclepius himself, who cured him by cutting off his head, holding him up by his feet to let the liquid drain out and then fastening on his head again. Perhaps in the Asclepiæa originated the sign \mathcal{B} which always heads a prescription. It is believed that it is the sign of Jupiter and was used to symbolize a prayer for that god's blessing on the remedy.

There were lay physicians in Greece as well as these priest physicians, but before Hippocrates there was no school of medicine. Whatever knowledge a man had or acquired was passed down to his sons, who in turn became physicians. Pythagoras, a philosopher living about 562 B.C., was one of these lay physicians and was much in advance of his time as a practical physician. Herodotus, living about 500 B.C., is worthy of mention because he invented gymnastics as a remedial agent and founded schools for teaching his system. He was one of the teachers of Hippocrates.

We get much of our knowledge of the status of the Greek physicians from Plato and, unfortunately, he had little respect for them. He sneered at Herodotus for prolonging to old age the life of sickly men. Purging and bleeding and emetics were much in vogue and Plato re-

marks, "When a man goes of his own accord to a doctor's shop and takes medicine, is he not quite aware that soon and for many days afterwards he will be in a state of body which he would rather die than accept as a permanent condition of his life?"

In the direct line of Asclepiads was born Hippocrates in 460 B.C. He was in the Asclepiad which has recently been discovered at Cos, an island on the west coast of Asia Minor. This was the great age of Greek history in which lived Plato, Aristotle, Demosthenes and Euclid, all of whom tower intellectually above all men of the world's history. Hippocrates was a philosopher as well as priest and his mind reached out beyond the superstition of his time to rational methods of treating disease. Much of the actual medical knowledge long attributed to Hippocrates was learned by him from the Egyptians. He traveled extensively and worked out principles of hygiene which, if practically applied by his successors, might have prevented the terrible scourges of disease during the early centuries of this era. He was called to distant localities to check the course of epidemics. Hippocrates was also a great teacher, and founded the dogmatic school of medicine which believed in treating the cause of a disease instead of its symptoms. His school marks the separation of medicine from the priesthood and the beginning of the modern medical art. In this sense Hippocrates is rightly called the Father of Medicine.

In three ways Hippocrates led the way for great progress in his profession. First, he taught that disease is a state controlled by natural laws and should be treated, not by prayer and superstition, but by rational agencies following careful and minute observation of symptoms. He was first to recognize stages and crises in disease and, with his followers, became so proficient in observation and foretelling these crises that they have never been excelled in prognosis. Secondly, Hippocrates taught the importance of learning the causes of disease and, if possible, removing the cause underlying the symptom. Lastly, the high conception of the status and duties of the physician as stated in the Hippocratic Oath, administered to all graduates of medical schools, still remains the highest ideal before the medical profession.

Hippocrates wrote many books and two of them, *Aphorisms* and *Prognostics*, have run through scores of editions. In these works he mentions 206 drugs, but in his belief drugs were secondary to diet and external treatment. His *Materia Medica* was made up chiefly of vegetable drugs, one-tenth being bitters. The Greeks did not use mineral preparations internally. Hippocrates got his drugs largely from Egypt, his spices and aromatics from India.

(To be continued.)

NURSING CONDITIONS IN LOUISIANA

By EDMA L. WALL, R.N.

New Orleans, La.

For some time it has been my wish and intention to tell the JOURNAL readers something about nursing conditions in Louisiana and what progress has been made in the last decade.

In the year 1889, a small group of women established a women's and children's hospital and opened a training school for nurses, the first in the south. At that time there were three hospitals in New Orleans, two (Hotel Dieu and Charity Hospital) had Sisters of Charity as nurses and the third, Toussaint Infirmary, had attendants of the "Bairy Camp" type.

All were averse to trained nurses, the usual objections of men to women's ventures in untried fields. Twenty-five years ago the woman wage-earner was still much in the minority, and there were very few occupations which were considered respectable for ladies. All families had their old, "black Mammy" nurse who cared for the "chilluns" and the ills of the grown folks. To the women of the north and east this may sound absurd but, as you know, prior to the Civil War the women of the south led lives of only ease and luxury; while after peace was declared many women had to put their shoulders to the wheel, though few avenues of work were open, even after many years.

The birth of the trained nurse, the trials and tribulations of training schools and nurses in pioneer days, is an old story, and the southern nurse had much with which to contend. The superintendents were all northern or eastern women who thought the women of the south were lazy because they lacked their energy and vim, which is largely governed by climatic influence.

However, the little, planted seed grew and now after twenty-five years Louisiana is quite as progressive as many states that had nurses many years before it did. Unlike most other states, Louisiana has only one large city, New Orleans. Shreveport is next in size and has three excellent training schools. There are also training schools in Alexandria, Monroe, Bogalusa and other towns, but the nursing conditions are mostly controlled in New Orleans.

After a few years' struggle in getting training schools started and the doctors and the public educated as to the help and comfort trained and educated women were, we, in New Orleans, were fortunate in securing several nurses of the highest type as superintendents of our training schools. Then in a few years the vocation of trained nurse was added to the list of respectable occupations open to women, and

today our pupil and graduate nurses are representatives of our best families.

In 1904, we saw the need of organization and the Louisiana State Nurses' Association was formed. That same year a bill was brought before the State Legislature asking for state registration but was defeated on the ground that it was unconstitutional. We had asked for a mixed board and, according to the laws of Louisiana, women cannot serve on state boards. Well, we worked and waited, and in 1912 again presented a bill which was passed. Now, though our board is composed entirely of doctors, the Louisiana State Nurses' Association nominate them for appointment by the governor of the state. After a little over two years we have approximately eight hundred registered nurses in the state and twelve accredited training schools. Registration is not compulsory, but the majority of the nurses have complied with the law.

In October 1914, we started a central directory for registered nurses only, which is meeting with much success. The registrar is a registered nurse. New Orleans is probably the best field of any city for the private nurse, as in the majority of cases the nurses do only twelve-hour duty. We have a number of nurses from other states located here, who are members of our Association and who are in excellent standing in the community.

IMPROVISING

A SWING AND CONVENIENT IRRIGATION

By LEONORE L. RALL, R.N.

Colorado Springs, Colo.

Even with a limited supply of articles in a small, and not too generously equipped hospital, one can find substitutes more readily than one can imagine by using a little thought and patience.

Go with me into a poorly furnished and almost destitute home and even there we will find, with a little practical ingenuity, something that will answer our purpose. In this particular instance (a surgical case), a young boy needed constant irrigation on a very bad limb and the limb had to be elevated. I stood perplexed, gazing at the ceiling, the loose plaster threatening a deluge at any moment. It would be useless to even suggest such a thing as a nail or hook.

"We'll get them files after a bit, Min," the elder brother ventured. "I am not after files now," I replied, "but get me a board about twenty-six inches long and about four inches wide and I'll show you what I want."

After driving a nail into the centre of the board, we fastened it across one end of the opening in the double door, where a few remaining pages told the story of grill work. Then we cut the tops off of a pair of old leech shoes; padded the inside with cotton and covered the whole with white muslin. We then ran strong cord through the lacing. One of these was placed under the heel and Achilles tendon, and the other under the knee. The bed, which was a narrow one, was moved into the doorway, leaving ample room to pass. The cords were fastened to either end of the board, making an excellent swing that could be shortened, or lengthened, at any time. This afforded free movement of the knee, without pain. The change of scene and the novelty delighted my patient beyond words.

Now the problem of irrigation confronted me. With a limited number of sheets, how was I to keep the bed dry? It was easy enough to use the douche bag for an irrigating can, but it was needed for another purpose. I converted my water bottle into one, by attaching a tube and irrigation point, regulating the flow with a clamp. The douche bag I used to catch the water, which dripped from the lowest point, the calf. The brother made a pyramid, which was by no means perfect but very neatly done, into the top of which we drove a nail to hold the bag. Then a funnel was placed in the bag under the calf and the tube ran into a pitcher at the side of the bed. This caught the drain water and kept the bed perfectly dry. One-half hour of every six the limb was released from the swing and laid on a pad. When the pad was not soiled, it was dried in the sun and used another time, thus saving rags and cotton.

A LIFTING BAND

By H. R. T.

Hartford, Conn.

Those who have occasion to lift bed patients from bed to couch or another bed will, I think, find this band useful.

Take two yards of strong cotton cloth 36 to 42 inches wide. Fold lengthwise so there will be three thicknesses, stitch long edges, fold ends over about seven inches, and stitch firmly, making a loop to slip the hand through.

To lift, pass the band under the patient's buttocks, place one arm under the shoulder, slip the other hand into one of the loops of the band. The person assisting takes the other loop and the patient's leg. This makes an easy lift for the patient and for those doing the lifting.

NARRATIVES FROM THE WAR

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

Violetta Thurston is an English nurse who has served both on the western and eastern battle front. For the last three months she has been attached to a flying Red Cross column in Poland. She was wounded by a piece of a shell that burst near her while she was bending over a man half of whose shoulder had been torn away. Happily the wound was not serious. At Leds a bomb fell almost beside her, dropped from an aeroplane. Some soldiers ran forward, expecting to gather up her remains and found her gazing into the hole the bomb had made in the roadway. She was arrested in Belgium as a spy. After examining her the German officer said: "You are English, I suppose you really are a barmherzige schwester, a sister of mercy. Truly the British are a wonderful race."

There are many field sterilizers of various types for the purification of water for use at the front. One of these consists of a gasoline engine, dynamo, pump and ultra-violet ray apparatus. These invisible rays, not yet fully understood, possess a wonderful bactericidal action and completely kill all germs in water. 100 to 200 gallons of pure drinking water can be prepared in a few moments.

Tetanus, though unfortunately claiming a large number of deaths, may rank amongst the septic diseases which have been greatly minimized by modern treatment. French soldiers have been supplied with anti-tetanus serum and a syringe for injecting it, so that if able they may give first aid as soon as the wound is received. Owing to its intensive cultivation the soil of Belgium is peculiarly dangerous and prolific of the tetanus germ.

A pretty story is told in a German newspaper of a rose bush that grew in a huge hole torn by a shell in front of the Guards' trenches. The man tended it carefully and when it blossomed decided to send the rose to the Emperor. He was delighted with the gift and commanded the poet, Richard Voss, to write a poem on the incident. This was printed and sent to every Guardsman concerned in the affair.

Out of 700 wounded soldiers admitted to the Canadian hospital at Dinard, France, only four have died. The building is just opposite St Mark's and was given to the French Government by Madame DeVassan. The Canadian Government gave \$100,000 for the maintenance of the hospital.

Professor Riard, of the French Academy of Medicine, says war babies are stronger and healthier than their predecessors. This he considers due to the increase of breast feeding.

The medical faculty of the University of Toronto have offered a base hospital of 1040 beds to Lord Kitchener. The 84 nurses to accompany it will be taken from the different city hospitals in affiliation with the University.

The Ladies Journal of Constantinople is said to have published this startling announcement: "The harem of his Moslemic Majesty Chesyar Vilyam the Second, together with the harems of his staff will visit Constantinople early next spring. Ten of the most powerful of the captured British dreadnaughts will escort the Imperial party."

Alexandra, the Queen-mother of England, has written an autograph letter to the Mother-Superior of the Franciscan Sisters in France, thanking her for devoted care given to the English wounded by the Sisters.

French soldiers in the field wear a metal protection, a sort of armor that covers the chest, abdomen and head. The lower part is fastened on by straps over the shoulders and a belt.

Sir William Osler, late of Johns Hopkins Hospital, has issued a pamphlet addressed to soldiers, entitled, *The Bacillus and the Bullet*. He urges vaccination against smallpox and inoculation against typhoid.

Nurses who are sent abroad with the Canadian Contingents first receive training in military nursing at the Quebec Hospital.

Khaki is said to be the color best suited to render the soldiers clad in it invisible to the enemy. It is to be adopted by the Belgian troops as rapidly as possible. It has been tested in the British Army under every possible condition of climate and surroundings.

THE RED CROSS

IN CHARGE OF

JANE A. DELANO, R.N.

Chairman of the National Committee on Red Cross Nursing Service

THE RED CROSS BUILDING

The corner stone of the Red Cross Building, a memorial to the women of the Civil War, was laid on March 27, 1915. This is built from funds contributed in part by individuals and in part by an appropriation from Congress and will be occupied as permanent headquarters by the American Red Cross. It will be of white marble and is located in the square facing Seventeenth Street between Continental Hall, the headquarters of the Daughters of the American Revolution, and the Corcoran Art Gallery.

Various articles of historic and contemporary interest were placed in a copper box by President Wilson and sealed in the corner stone. Mabel Boardman gave a sketch of the history of the inception of the memorial idea, and speeches were made by Honorable Henry Breckenridge, Justice Joseph R. Lamar and Ex-President William H. Taft. The Red Cross Nursing Service was officially represented by: Jane A. Delano, Georgia M. Nevins, Fannie F. Clement, Lily Kanely, Anna J. Greenlee, Anna Reeves.

EUROPEAN SERVICE

As announced in last month's JOURNAL groups sailed on March 16 to go to Servia and Austria, on March 20 to go to Russia, and on March 25 and 27 to Pau, France, and Paignton, England.

Nurses assigned to Austria: Minnie Haumann, class of 1906, Ottumwa Hospital, Iowa, post graduate of Bellevue, is giving up a position there as head nurse, which she has held for a year and a half. She speaks fluent German.

Stephanie Fehle, class of 1912, German Hospital, Philadelphia, where she has had much surgical work since graduation on the service of Dr. John B. Denver, the well-known surgeon. She has also been head nurse of a ward and in charge of the nose and throat department of the hospital. She speaks excellent German.

Minnie Heusermann, of St. Louis, also speaks good German, class of 1902, Lutheran Hospital Training School. She has, in addition to some private nursing, been night superintendent of the Jewish Hospital, St. Louis, and for two years was superintendent of the hospital from which she graduated.

Nellie Heinselman, class of 1911, St. Luke's Hospital, St. Louis; has done private nursing. She speaks German.

Nurses assigned to Serbia: Edna Pfleiderer, class of 1912, Cleveland Training School, Huron Road Hospital. Since graduation she has done private nursing and has also spent some time as head nurse of a ward at the Huron Road Hospital.

Margaret Murday, class of 1912, Grant Hospital, Columbus, Ohio. With the exception of a few months spent in private nursing, she has been with the Visiting Nurse Association of Cleveland.

Helen B. Van Meter, class of 1912, Lakeside Hospital, Cleveland, Ohio. Except for a few months private nursing she has been working with the Visiting Nurse Association of Cleveland.

Pauline Klittke, class of 1911, Bellevue Hospital, New York. Since graduation she has been head nurse in different wards at Bellevue and has also done some private nursing. She speaks German.

Nellie Bundy, class of 1911, Buffalo Hospital of the Sisters of Charity. She has been for six months surgical nurse in a hospital in Lockport, N. Y. and during 1914 was superintendent of nurses in a Buffalo hospital.

Bessie Scanlon, class of 1911, Buffalo Hospital of the Sisters of Charity. She has spent most of the time since graduation in private nursing.

Nurses assigned to Russia: Corn V. Johnson, class of 1907, Presbyterian Hospital, Chicago. She has been superintendent of St. Mary's Hospital, Watertown, Wis. one year and since 1909 has been at the Presbyterian Hospital, Chicago, first as night superintendent and later as assistant supervisor, which position she resigned to go to Russia.

Aurel Baker, class of 1912, Illinois Training School, Chicago. She has since spent some time in private nursing in Chicago. She was on duty in Dayton when Red Cross nurses were sent there after the Ohio flood, of 1913.

Sara Hibbert, class of 1911, Presbyterian Hospital of Chicago. She has since done private nursing in Chicago, Wisconsin and Saskatchewan, Canada.

Katherine Bartlett, class of 1910, Ravenswood Hospital, Chicago. She was on duty in Ohio when other enrolled nurses were sent there after the flood of 1913.

Marion Eckertach, class of 1911, Orthopaedic Hospital, Philadelphia. She has remained there since graduation as head nurse and operating-room nurse.

Clara Burdollar, class of 1913, University of Pennsylvania Hospital, Philadelphia, has been since graduation engaged in private nursing, and as head nurse in a ward at the Hospital of the University of Pennsylvania.

Sara A. Lee, of New Jersey, class of 1906, Bridgeport (Conn.) Hospital. She has been since graduation, operating room nurse in three hospitals, superintendent of nurses in three hospitals and when she volunteered for service in Europe was superintendent of the Paul Kimball Hospital, Lakewood, N. J.

Mabel Burnham Rich, class of 1908, Rhode Island Hospital. Since then she has had post graduate courses at the Sloane Maternity Hospital, and the Babier' Hospital, New York, where she was head nurse. Since 1909 she has spent two years with the Providence District Nurses Association on special children's welfare work.

Hettie Reinhardt, of Stanley, N. C., is a graduate of the Presbyterian Hospital, Charlotte, N. C. She has spent three years in the Cragmont Sanitarium at Black Mountain, N. C. and she gives up a position as superintendent of the Asheville Mission Hospital, at Asheville, N. C. to go to Russia.

Nurses assigned to Fingleton, England: Edna H. Harrison, class of 1910, Massachusetts General Hospital. She was for one year supervisor of a ward in the hospital and after that was chief of the operating room, which post she held until she volunteered for European service.

Margaret Lane, class of 1912, Lakeside Hospital, Cleveland. She was, after graduation, a year in the operating room of that hospital, where Dr. Crile operates, and lately has been at the Henry Street Settlement in New York City.

Blanche Allsback, class of 1912, Bellevue Hospital, New York. She has spent the time since graduation in hospitals in Texas and has also done some private nursing in West Virginia.

Nurses assigned to Pau, France: Vashli Bartlett, class of 1906, Johns Hopkins Hospital, Baltimore. She has spent a year on the Labrador Coast with Dr. Grenfell; has been assistant to the superintendent of nurses, Garfield Hospital, Washington, D. C.; and is giving up a position as superintendent at Watts Hospital, Durham, N. C., to go to Europe. She speaks French and German.

Anna V. Peck, class of 1914, New York Hospital, New York. She graduated very recently, and has since done private work.

Helen J. Lander, class of 1911, Protestant Episcopal Hospital, Philadelphia. She remained since graduation at that hospital; for two years, as ward supervisor; and for the two years just past, as night supervisor.

Agnes Clark, class of 1910, Johns Hopkins Hospital, Baltimore. In addition to special nursing in Baltimore since graduation she has spent several months in Dr. Grenfell's Hospital, St. Anthony's, Labrador. She speaks French.

Ethier A. Cousley, class of 1908, Missouri Baptist Sanatorium, St. Louis. She has spent some time in Maywood Hospital, Sedalia, Mo., in addition to private nursing in St. Louis.

Anna McColloch, class of 1900, Missouri Baptist Sanatorium, St. Louis. She has spent most of the time since graduation in private nursing in St. Louis.

The latest news from Servia says that the first of the members who contracted typhus are convalescent, and some are on their way home. All are doing well and will when convalescent be returned home if necessary. Those who have kept well have been removed to Belgrade where the living conditions are better, and where those who sailed on March 16 will be assigned to duty. When the first cable came, telling of the outbreak of typhus in Servia the unit at Pau, France, was called upon for volunteers to go to Servia to assist in the care of the sick nurses and physicians. Knowing fully the conditions they were to meet, Margaret Lehmann and Anna C. Leffing of Philadelphia and Rebecca Watson of Baltimore accompanied Dr. Kirby Smith to Salonika, Greece to which place the unit had been withdrawn. The six who sailed on March 16 for Servia, the Misses Murday, Van Meter and Pflederer, of Ohio and Kittie, Bundy and Sennel of New York also understood the conditions and were prepared to accept them.

Two units sailed for Belgium on April 17.

NURSING IN MISSION STATIONS

A CASE OF DEPRESSED NIPPLES WITH OCCLUDED DUCTS

By JENNIE MANGET LOGAN

Changsha, Hunan, China

On December 23, Mrs. C. was confined—a primipera, with the worst case of depressed nipples I have ever seen. The milk came in on the third day and the breasts were badly engorged but the baby could get no hold. Feeling that the child lacked strength to draw out the nipples and with the spectre of a marasmatic baby before my eyes, which haunts every nurse in this land of “no cow but the tin cow,” I worked at the nipples and after half an hour found that both had been considerably drawn out but that very little milk came. The doctor examined them carefully and found that the ducts were almost completely occluded. No help was to be had from medical books, our latest one on obstetrics, by Williams, third edition, said: “In pronounced cases of this so-called depressed nipples, nursing is out of the question.”

At the earnest pleading of the parents the mother was etherized and the nipples were punctured with a fine needle some score of times. The left nipple was so depressed that it was impossible to grasp and hold it between the thumb and first finger. This operation apparently failed.

A friend brought her two months' old baby, who was a fine healthy boy, and he sucked at the right breast. The nipple showed a good deal of improvement in shape but the baby got no milk.

For ten days we gave the baby artificial food, pumping the breasts with an ordinary breast pump, but we obtained only from one to two drams each time to add to the canned milk feeding, so I was pretty well discouraged. Only the mother's begging induced me not to abandon the work.

We soon learn out here to take God in as consultant in all our cases, and while I was working away, asking Him to help me, the thought of a Biers cupping set came into my mind. I hastily sterilized the cupping glass, two inches in diameter, and put it on the breast, but as the suction was not intermittent, it was a failure. I went back to our supplies to see if I could find anything else that might help, when our hospital handy man asked what I was looking for and suggested a large ear syringe. I took it and connected it with the cupping glass, using the syringe for suction instead of injection. I drew

out the piston; this formed a vacuum which drew the nipple and aureola into the glass. After a few seconds this vacuum was broken by pushing in the piston. By repeating these movements the action was similar to but very much more powerful than normal nursing. In less than a minute one duct after another burst open and the flow of milk from them could be seen impinging on the glass. In fifteen minutes four and one-fourth ounces had been obtained from the breast which had before yielded a scanty dram at the most. The milk was full of colostrum, very thick and yellow, but the poor baby drank it greedily and slept for hours afterward, while the mother and I had a praise meeting.

The other breast was pumped in the same way and the baby, at a month old, was fat and flourishing. The nipples were gradually shaped so that the baby could nurse, though the pump had to be used occasionally when the mother was very tired and nervous.

A SCHOOL FOR NURSES IN PAUTINGFU, CHINA

By CORA S. LEWIS

You may be interested to know that in this far-away land we are trying to instill the principles of nursing into two classes, one of girls of five members, three having nearly completed their three and a half year course, and one of seven boys. It is very necessary now that men should take care of men and it will be necessary for another generation, at least, so our most progressive Chinese say. We got a nice class of boy students who take hold of the work very well. We are trying to give them an up-to-date course but are greatly in need of more help in giving them the practical training. The Women's Hospital, Hodge Memorial, has a daily clinic of a hundred or so women and the men's, Taylor Memorial, has about one hundred and fifty, from which material is selected for operations, more than a thousand having been performed during the year. One day an abdominal tumor weighing 40 pounds was removed from a woman who is now about ready to leave the hospital. The abdominal work is very encouraging. We are trying to find a male nurse to train the boys, but if one cannot be found, we hope we can procure a woman nurse. I am a graduate of the Lackawanna Hospital of Scranton and would enjoy giving the practical training myself, but find it too much, as I have two little children, a large house, and many visitors to entertain, beside doing most of the text-book teaching to the nurses in Chinese, having to put into lectures some things that have not been translated.

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK, R.N.

A WOMAN'S PEACE PARTY

A party of women has been formed to protest against all war and to voice that revolt against its stupidities which must have been secretly nursed by women in all ages, but must perforce have been suppressed until today, when the rising power of women is becoming organized, self-conscious and articulate. In this party Jane Addams is prominent, as also is Lillian D. Wald, head of the Henry Street Settlement, who represents nurses in so many extra-professional movements.

The women of Holland, among whom Miss Van Lanschot Hubrecht, also a nurse, is active, have issued a call in answer to appeals coming to them from many countries for an International Women's Congress to meet in Holland in the latter part of April to frame the protest. Miss Addams is going there, and earnest persuasions have centered upon Miss Wald to go too, but it is hardly possible that she can do so. Part of the proclamation put forth by the Women's Peace Party runs as follows:

As women, we are especially the custodians of the life of the ages; we will not longer consent to its reckless destruction. As women we are particularly charged with the future of childhood and with the care of the helpless and the unfortunate. We will not longer accept without protest that added burden of maimed and invalid men and poverty stricken widows and orphans which war places upon us.

As women, we have builded by the patient drudgery of the past the basic foundation of the home and of peaceful industry. We will not longer endure without a protest which must be heard and heeded by men that heavy evil which in an hour destroys the social structure that centuries of toil have reared.

As women, we are called upon to start each generation onward toward a better humanity. We will not longer without determined opposition suffer that denial of the sovereignty of reason and justice by which war and all that makes for war today render impotent the idealism of the race.

Therefore, as human beings and the mother half of humanity, we demand that our right to be considered in the settlement of questions concerning not alone the life of individuals but of nations be recognized and respected.

We demand that women be given a share in deciding between war and peace in all the courts of high debate; within the home, the school, the church, the industrial order, and the State.

THE PROTEST OF SOCIAL WORKERS

Soon after the war broke out Miss Wald, Miss Addams and Paul U. Kellogg of *The Survey* issued a call to social workers to meet at the Henry Street House and outline the war's wreckage of the upbuilding movements to which their lives were given. The indictment that they brought against war was built into a sublime and sternly beautiful piece of English prose by Mr. Kellogg and is published in a pamphlet which should be read everywhere. It is reprinted from *The Survey* of March 6, and the symbolic crest stamped upon it is that given to Miss Wald in Japan as the symbol of universal brotherhood, and adopted by the Henry Street House as its seal or stamp. The list of war's blights, injuries, wrongs, and evils burns with a white heat, yet war, it is declared, may be abolished just as the one-time rite of human sacrifice was abolished.

Beside war's colossal outrages on humanity, there is in the medical field, it seems to me, distinct cause for the banning of war by a World's Health Department, if we shall ever have such a thing, as is indeed not improbable, and this shall be on the ground that war is a most prolific cause of diseases and pestilences. To forbid war on behalf of public health will only be to go a little further than our splendid State and City Health Departments now go under Dr. Biggs and Dr. Goldwater.

As a result of the European War, there are reappearance of ailments that were practically non-existent. Gaseous gangrene, never seen in surgery now-a-days, has come again. Worst of all, true typhus fever rages. The important thing about this infectious disease is that it is an unerring sign of the presence of the most complete human misery. Prolonged and widespread starvation, exposure and wretchedness supreme are needed as the soil on which typhus spreads. To be sure it is carried by vermin, and worthy philanthropists are now sending tons of vermicides, new clothes, and sterilizers to combat it. There are always vermin somewhere, but never typhus except where hunger and misery rage. When we know how surely and certainly these diseases are caused by men's own acts and deeds, does it not seem as if we should say, "Man's actions have produced gas-gangrene and typhus;" instead of the flabby statement, "Typhus is prevalent; gas-gangrene is developing." Seeing such ruthless and dastardly energies at work, does one not understand Florence Nightingale's impatient contempt for the germ theory, and comprehend her insistence that it was the things people did that caused disease?

We cannot follow her in rejecting entirely the humble germs, but we do echo her in declaring that too much blame is laid on them and

too little on the creatures of brains, intelligence and will, who deliberately, for selfish or ferocious purposes, turn the world into a hotbed of preventible diseases. And so we demand a World Health Board to forbid war on sanitary grounds as a disease-producing nuisance.

INTERNATIONAL DELEGATES

Two well-known and favorite members of the National Council of Great Britain and Ireland, Miss Beatrice Kent and Miss Annie Hulme, have been appointed to attend the San Francisco meetings and assist the American members of the International Council in planning for the next reunion. They have been instructed to vote in acceptance of the Danish nurses' invitation to meet in Denmark in 1918, and to propose the name of Mrs. Henny Tscherning, their president, as International President for the coming triennial. Miss Kent and Miss Hulme will arrive in New York about May 29 and will spend a week there. Miss Kent has translated Sister Henrietta Arendt's book "White Child Slaves" which has been reviewed in these columns, and will arrange to have it published here.

NOTICE TO HOLDERS OF COMBINATION SUBSCRIPTIONS

All subscribers to the JOURNAL who have taken a combination subscription with some other magazine, such as the *Public Health Nurses Quarterly* or the *Pacific Coast Journal of Nursing*, are asked to notify both magazines when making a change of address.

DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE

IN CHARGE OF

EDNA L. FOLEY, R.N.

VACATION SKETCHES

(Continued from page 525)

Spent the afternoon with Miss Byles, matron of Lambeth Infirmary, one of the oldest public hospitals in London. The free hospitals, like the London and St. Thomas, are supported by private subscription; the public ones by taxation. The latter are administered by the Public Guardians of the parish and entrance to them is through the Guardian's or Poor Law Office. All kinds of cases are taken, chronic and acute, medical and surgical, mental, tuberculous and children, though the last three services are passed on, after observation, to other institutions. The wards are old fashioned, big in length and breadth and height, with good cross ventilation and plenty of air and sunlight. The cheerful red blankets, the open fire-places and the bedside tables that were planned for the patients' comfort and peace of mind all help to dispel that barren appearance which so many long wards have.

The Nurses' Home is a separate building but a covered corridor makes it easily accessible. Like other good homes, it has a large comfortable sitting room, a good class-room and individual bed-rooms but, in addition, it contains a tiny chapel, furnished and kept up by the nurses, past and present. Only nurses to whom this privilege has been granted in other hospitals, know the unspeakable comfort a room, thus used, can give to busy workers. The absence of flowers from the altar and a card announcing that all aims would be given the national relief-fund was another reminder of the war. Lambeth has already lost some of its nurses to the territorial forces and others are prepared to go on short notice.

To hear Campbell Morgan at 7 o'clock, but as the crowd extended far into the streets, went to Simpson's on the Strand for dinner, instead. This is a famous old place where the roasts, on large platters kept warm by alcohol flames, are wheeled from table to table, so that one may choose his cut. The excellence of the beef and the numbers of well-fed people enjoying it make one wonder what the apoplexy rate is. A great deal of meat is eaten in England and vegetables and fruits

are somewhat neglected, from our view point. Food is certainly cheaper but one must know where to go for it and be willing to accept the inevitable rheumatism that follows its indulgence.

Three weeks in London pass like a day; its charm has never been over-described by any writer. When tired of palaces and cathedrals, a fascinating shopping district, beautiful parks, museums, institutions of every description, second-hand book shops, picture stores, residence sections of every grade and variety tempt the traveler, while a physically-weary but unweary soul may find perpetual refreshment on the top of one of the huge lumbering buses that threads the narrow, crowded streets as easily and as silently as it travels along the deserted well-kept residence sections.

The whole world goes to London and it did not surprise us to find two Chicago visiting nurses at a hotel in Holborn, Miss Stimson in the West End and many other friends nearby. "See Naples and die," used to be the warning of ancient times in Italy. "See London and save your money until you may go again," is the advice of one nurse to many others.

ITEMS

Ohio. Elizabeth G. Fox (Johns Hopkins Hospital), has resigned her position as superintendent of the Visiting Nurse Association of Dayton, and has accepted the position of superintendent of the Visiting Nurse Association of Washington, D. C. During Miss Fox's stay in Dayton the Public Health Nursing of the whole city has been brought together under the supervision of the Visiting Nurse Association and the work has been so divided among the various nurses that every nurse on the staff is caring for all sorts of cases, in spite of the fact that some of the salaries are paid by the Visiting Nurse Association, others by the Health Department, and others by the Anti-Tuberculosis League. Miss Fox is to be succeeded by Elizabeth Holt (Butterworth Hospital, Grand Rapids, Michigan), formerly a member of the staff of the Visiting Nurse Association of Chicago.

Katherine McNamara (St. Joseph's Hospital, Chicago), formerly a Chicago visiting tuberculosis nurse, is now a traveling tuberculosis nurse for the Ohio State Board of Health. Miss McNamara's headquarters are in Columbus, but most of her time is spent in the small towns which are being visited by the State Tuberculosis Exhibit. The public interest in this exhibit and its daily conferences is proving most gratifying. Ohio's work is certainly far ahead of the work done by most state boards in this field.

ILLINOIS. Edith Platt (Sherman Hospital, Elgin), has recently resigned from the staff of the Visiting Nurse Association of Chicago to become the county tuberculosis nurse for Hancock, Michigan. During the first month in her new work, Miss Platt ran into a small-pox epidemic.

Hilder Ekman (Riverswood Hospital), formerly visiting nurse in Quincy, Illinois, has been recently appointed the first superintendent of the fine new Convalescent Home opened by the Kingsley House Settlement of Pittsburgh, Pennsylvania. Effie L. Parker (Bethesda Hospital, St. Louis) until recently a Red Cross visiting nurse in Purchase, New York, has returned to Illinois and accepted the position as visiting nurse in Peoria. Jennie Robertson (St. Luke's Hospital, Cedar Rapids, Iowa), has resigned from the staff of the Visiting Nurse Association of Chicago to become visiting nurse at Sioux City, Iowa. Nellie Balts (Children's Memorial Hospital), for the past two years a Chicago visiting nurse, has accepted the position of dispensary nurse in the Social Service Department of the Children's Memorial Hospital. St. Luke's Hospital, Chicago, has recently opened a Social Service Department.

Of especial interest to nurses is the appointment of Barbara Allen, a former superintendent of nurses in Washington, D. C., as superintendent of nurses. Nurses are sometimes critical of civil service methods. They will be interested, however, to know that Miss Allen came to Chicago as a perfect stranger, took a written and oral civil service examination for her present position, returned to Washington that night and was later graded first, of the applicants who took the examination.

Nurses passing through Chicago desiring to see any of the dispensaries or the sanatorium, will be made welcome by the officials and staff of the Municipal Tuberculosis Sanatorium Commission.

KENTUCKY. Nancy L. Dorsey has given up her work as superintendent of the visiting nurses in St. Joseph, Missouri, and has gone to Louisville as the superintendent of the Visiting Nurse Association there. Miss Dorsey spent February in Louisville helping to reorganize the work, and made such a favorable impression upon every one with whom she came in contact, that Louisville could not spare her to return to her former position. It is gratifying for us all to hear occasionally of the public esteem in which one of our nurses is held, and those of us who know Miss Dorsey are delighted to hear from every quarter in Louisville, women's clubs and men's clubs, public officials and private organizations that they could not consider anyone in that posi-

tion after they had once worked with Miss Dorsey. Nurses do not often get such splendid public tributes paid them.

MANACONNETT. At the annual meeting of the New Bedford Instructive District Nursing Association, a letter was read from Ella Phillips Crandall, executive secretary of the National Organization for Public Health Nursing, stating that the Association had a staff eligibility of 100 per cent, a standard which only two or three other nursing organizations in the country have maintained. The report of the superintendent, Mrs. Jennie M. Smith, stated that the national record system has been introduced, special work carried on during the summer among the babies, discharged cases from various hospitals followed up, and two nurses kept on duty during a typhoid epidemic of the previous summer. A very busy year was naturally the result of this work and the Association had become better known than ever before in the homes of the rich and the poor alike.

RHODES ISLAND. All public health nurses will be glad to know that the superintendent of the Providence District Nursing Association, Mary S. Gardner, is so recovered from her recent illness as to be enabled to write the superintendent's report for the Fourteenth Annual Meeting of that organization. Miss Gardner is still confined to her room but it cheers us all to know that she was strong enough and was permitted to do this piece of work. The report is, as always, full of new and good ideas for visiting nurses everywhere. Those interested in making their own reports better than ever before, should write and obtain a copy of this one. The Association has just completed a fund of \$22,000 for the support of its first endowed nurse. This is to be known as the Gardner Endowment Fund in honor of Miss Gardner's father, the late Honorable William Sewall Gardner. "It is established to commemorate the loyalty to this Association of Miss Gardner and all the nurses associated with her upon the staff" (from the report of the Board of Managers).

"The work of the 36 nurses is divided in four services: the general service, which cares for all cases of sickness needing bedside care; two advisory services, one for tuberculars and one for children; and a dietitian service." A point of decided interest is the fact that the children's nurses collected \$87 from 97 patients. "When the mothers can be made to feel that mere advice is sufficiently valuable to be paid for, a triumph has been gained, for then indeed will it be followed.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF

MARY M. RIDDLE, R.N.

THE YOUNG NURSE AND HER TRAINING SCHOOL

In the latter part of 1885, one of the popular magazines of the time published an account of the then "new profession" of nursing. It caught the attention of a good many thoughtful young women who were considering ways and means of being useful to the world in general as well as to themselves.

They were not so much attracted by the possibilities of large monetary returns, little being known of that phase of the work, as by the idea that here seemed to be an occupation demanding all the attention of the worker and destined to furnish satisfaction in its performance.

The prospectus as sent out by the training school set the age limit between twenty-three and thirty-five years with an unpublished preference for the candidates who were about thirty years of age and had a good common or high school education. There was not so much stress laid upon educational qualifications as such, as upon the years spent since school days and the manner in which they were spent, the reasoning being that the candidate who had spent the intervening time in an occupation wholly remote from that requiring thought and study was less likely to be adaptable to her surroundings and associates as well as to the strict discipline of the school. Previous occupations with their influences were therefore carefully considered, and those which had a tendency to beget "partness" or selfishness, or stolidity or kindred qualities ruled out the applicant.

Times have changed and with them the personnel of our schools for nurses. In no one particular is the change more evident than in the youthfulness of the members.

It is exceedingly difficult to convince the young woman who applies for admission to the school that she is too young. She reasons that she would like to try nursing and will give it up upon finding that it is not to her taste. This form of logic might not be so disastrous if she were dealing with some business enterprise, but a person with vacillation so evident must prove a "broken reed" to the sick who need to be supported and encouraged. She is, however, apparently in fine physi-

cal condition and seems to meet all requirements save those that belong to additional years. She is eventually admitted to the school and makes an excellent record while in the preliminary class, being intelligent, apt, and familiar with ways of receiving instruction but when her instruction should become an "applied science" and she is called upon to put to the practical test the theories she has been given, she too frequently fails because her judgment has no experience to rest upon. Night duty reveals her weakness and her superintendent may be heard to exclaim: "Who says three years are not necessary to make a nurse proficient?" No better argument for the longer course is required than instances of this kind.

Ethics have been given their full share of attention during the preliminary course and notwithstanding much has been said against chattering with the patients, the average young nurse is not able to make a practical application of her instruction and goes into detail regarding the patient's condition when talking with her, so that the superintendent or physician or both must spend hours in quieting the fears that were aroused by the undue freedom of the young nurse. She has not recovered from her rapid growth in attaining the stature required by the school and is therefore unable to endure the strain of training. Consequently she falls ill frequently and finds her first year a burden to herself, her family and her hospital school. It is inevitable that with this tendency to fill the nursing schools with those who are young and crude there must result poor work and a low morale unless the menace of such conditions is offset by redoubled efforts for a state of affairs directly opposite.

The beloved, and lamented interstate secretary made some observations upon this very point in commenting upon the poor schools in a certain section of our country, saying, "Most of the schools are filled with young girls, often not more than sixteen or seventeen years of age, uneducated, slovenly, and with silly sentimental notions about society and social standing. Put such children in hospitals with no decent standards of living and what kind of care do the patients get?"

One must exclaim from pity for such conditions, but the crime is not altogether against the sick. The poor young girls are also sinned against in being allowed to undertake such work in such environments.

Several circumstances have contributed to the present practice of admitting younger student nurses to the training schools and many reasons are assigned for the necessity which has demanded it. Among them may be mentioned the great increase in hospitals with their schools, which have depleted the number of eligible candidates somewhat; the younger age at which high schools and colleges are turning

out their graduates and the compulsion under which the graduates find themselves of at once seeking occupations, it being difficult for them to wait two or three years before fitting for the work, and the schools, fearful of losing them, are encouraging them to enter.

These are valid reasons but there is another which stands out plainly and that is the greed of the commercial hospital which seeks to have its nursing work done by a school to save expense. The very young girl is attracted by the short course which to her means a short cut to a competence. One can readily see that hospitals having such purposes are not likely to have high standards—hence the low tone.

It follows that if the schools are to maintain a high degree of excellence they must select their pupils with care, which means that they must select those who have had as thorough an academic training as possible, the more thorough the better, if for no other reason than to increase the pupil's efficiency by the increased years necessary to acquire the education.

Having secured the well bred, educated young women it becomes the school's duty to give her value received for her time and efforts for the hospital's sick. A school can not be maintained for nothing, instructors must be secured, a director of the young nurse's work must be constantly on the spot. There must be attention paid to the living conditions which must always be hygienic and comfortable. Attention and supervision should be given the pleasures as well as the work of the young nurse. Even the modern employer of labor knows that all work and no play is bad for the work as well as the worker, and he accordingly provides vacations and other pleasures for his employees, then how much more attention should the school authorities pay to the pleasures and outside means of improvement for its nurses who have been engrossed bodily, mentally and spiritually by their arduous tasks?

If youthful nurses are to be the order of the times it behooves every school for its own sake and the sake of the sick entrusted to its care to see to it that they are properly fitted for their profession. It is unfair to do this by putting old heads on young shoulders but both heads and shoulders must be developed to meet the exigencies of the work. There is an inspiration in working with the youthful, providing they are competent; they are an encouragement to the sick who catch the spirit and enthusiasm which attracts them back to life. The young require more careful training; the times demand more careful training; therefore the duty of hospital and school is obvious.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

KOPLIK'S SPOTS.—A writer in the *Journal of the American Medical Association* says that these spots, valuable in the early diagnosis of measles, were brought to general notice by Koplik in 1896. They most frequently occur on the mucous membrane of the cheeks near the molar teeth. At first they are little darker blotches on the red membrane. Soon in the center of these blotches appears a very small bluish-white speck, slightly raised from the surface. They never seem to occur on the gums. Although only a few may be present they are typical of measles.

EFFECT OF PITUITRIN ON MILK SECRETION.—In an extract from the *American Journal of Physiology* it is stated that the intravenous, intramuscular or subcutaneous injection of pituitary extract in a lactating animal caused a marked increase in the quantity of milk secreted and also in its fat content.

HOW TO SHARPEN A SCALPEL.—*Surgery, Gynecology and Obstetrics* recommends melting clean beef fat and straining it through cotton flannel. Into this soft tallow is stirred carborundum powder, No. 1, F, to make a stiff paste. The paste is spread freely on a smooth strip. This is laid on a table and the scalpel drawn backward and forth over it at right angles, not diagonally. If cold weather renders the mixture too stiff, add a drop or two of olive oil to the paste on the strip.

ANASTOMOSING DUCES IN WAR.—An English physician, writing in *The Lancet*, says that he puts up medicines for administration at the front in collapsible tubes, such as are used for external remedial. The drug to be given is mixed with a base, glycerin, bismuth, agar-agarite, etc. An inch of this cream squeezed from the tube constitutes the dose. A chlorodyne cream contains 30 minims to the inch, a morphine cream, two grains to the inch. The jet can be covered from the nozzle against the patient's teeth.

UTERINE FIBROMS AND RADIUM.—Dr. Robert Abbe, in an article in the *Medical Record*, relates his experience in the use of radium in the treatment of uterine fibroids associated with profuse hemorrhage. He has demonstrated its great power in reducing the size of the tumor, stopping the hemorrhage and frequently curing the condition. He has used it since the year 1905 and thinks that when the correct dosage

and its method of application is certified it will be found to be a uniformly curative agent for fibroid tumors.

THE EFFECTS OF WEATHER.—*The Journal of the American Medical Association*, in an editorial on this subject says that though dark, rainy days are supposed to produce depression and bright, sunny weather to lift clouds of despondency, suicides are most frequent in June and least frequent in December. The autumn and spring are the best working periods of the year for all kinds of work. At a very low temperature both mental and physical work are depressing. Mental work reaches its highest point at a temperature of 35° F., while physical work reaches a maximum at 59° for men and 60° for girls. Weather variations are distinctly good for us and for our mental efficiency.

COST OF SMALLPOX AND VACCINATION.—The Minnesota State Board of Health reports that vaccination at public expense costs about 25 cents a person, while smallpox costs the public on an average of about \$50 per case.

INFECTIOUS NATURE OF CANCER.—A writer in the *Illinois Medical Journal* says that his researches into the nature of cancer has convinced him that carcinoma and sarcoma are different manifestations of the same disease and that cancer is as truly an infectious disease as tuberculosis or syphilis.

GLUE AND FROST BITE.—*The Medical Record* says that this old remedy has been revived in the present war. Melted glue is poured upon the foot, especially about the toes. The dried glue is a superior non-conductor, retaining the heat of the foot, and the soldiers are able to march for days without frost bite.

PAUCITY OF WOMEN PHYSICIANS IN ENGLAND.—It is stated that the warden of the London School of Medicine for Women announces that the demand for women doctors in England far exceeds the supply. The *British Medical Journal* recently inserted forty-two advertisements of posts for which medical women would be accepted and received no reply.

ARTIFICIAL RESPIRATION.—A writer in a German medical journal says that his experiments on rabbits have shown that pressure on the abdomen is far more effectual in promoting expiration than pressure on the thorax, where compression is hampered by the ribs.

TREATMENT OF STYES.—In a paper on the use of boric acid in the *Journal of the American Medical Association*, it is recommended for the use of styes to bathe and soak the eye for half an hour twice a day with a cloth dipped in a warm saturated solution of boric acid and after each soaking to rub in a calve of 1 per cent red mercuric oxide in vaseline. Boric acid is a mild, soothing antiseptic. In dis-

cases of the skin its addition to the washing water increased its tonicity and renders it less irritating.

CURATIVE TREATMENT OF PNEUMONIA.—A paper in the *Medical Record* describes a mode of treatment successfully used in acute lobar pneumonia. Twelve cases are described, all adults, ranging in age from 19 to 90 years. Fifteen grains each of sodium salicylate and the soluble phosphate of iron are dissolved in two ounces of chemically pure distilled water. This solution is sterilized by heat. On cooling, there is added 15 minims of a saturated calcium-cresote mixture. The whole is then filtered through a small laboratory porcelain filter. From 2 to 5 cc. is injected very slowly through the skin, with an all-glass syringe, using a 27 gauge needle, into one of the large veins of the fore-arm.

APPARATUS FOR LOCATING BULLETS, ETC.—A French medical journal states that an apparatus for locating metals in the tissues is improved from an ordinary telephone receiver with two wires. One is twisted around a spoon, the other around a probe. The patient holds the spoon in his mouth, the physician applies his ear to the receiver while probing. When the probe touches the metal there is an unmistakable click. An ordinary compass is also serviceable in locating a foreign body.

IVORY IMPLANTS.—*The Journal of the American Medical Association*, quoting a German surgeon, says ivory has a peculiar action on the tissues, stimulating bone growth, which gnaws at the ivory and grows into its place. In soft parts a capsule of connective tissue develops around it, within which the ivory remains unmodified. Its special field is to serve as a support and bridge, stimulating the production of new bone and guiding it into the proper channels.

ABORTION OF TYPHOID FEVER.—A writer in the *Medical Record* has been successful in aborting typhoid by means of subcutaneous injections of emetine hydrochloride, the active principle of ipecac. The adult dose is one-half grain. It is non-toxic and is also useful as a prophylactic.

PROPHYLAXIS OF PUERPERAL CONVULSIONS.—A writer in the same journal recommends abstinence from meat and fish during the last six months of pregnancy. When the excretion of urea is low and albumin is present this restriction, if insisted upon, may prevent convulsions without further medication. The nitrogen in milk and eggs does not cause the same disturbance as the nitrogen in meat. This treatment has prevented the necessity of interrupting the pregnancy.

LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of writer.

HOW CAN WE HELP OUR MAIDS?

DEAR EDITOR: There is one question I would like to ask which might, perhaps, be answered through the JOURNAL. It is this: How can those whose manner of life brings them to dealing with one or several domestics in a home and with those of their neighbors, really help the health of such and the efforts of doctors and nurses to help them. We have considered how we may help the employees in other departments more than those who come so close to us. I am inclined to think that here is a field for very important missionary work.

California.

L. J. G.

UNNECESSARY DISCOMFORT

DEAR EDITOR: During a recent hospital term there was prescribed for me castor oil and calomel. This was a virid liquid that necessitated a degree of caution to drain the glass container. This crude method of administering so unpleasant a remedy caused nausea so that I endured six or seven hours of misery. My condition in other respects was almost normal and castor oil itself had no terrors for me, as I had often taken it. Since castor oil is in such general use, it should be administered in its least repulsive form with fruit juice, coffee, jelly or marmalade. It should be made fluid enough to be swallowed quickly and a bite of bread or cracker given afterward, which will usually prevent any uneasiness. This criticism is made from the desire to alleviate the discomfort of other patients, many of whom are already racked with pain.

This was my first hospital experience and if all are as well managed, patients are fortunate in having such quarters at their disposal. There were system, cleanliness, cheerful attention and good food, neatly served.

Pennsylvania.

"Beverly."

THE CHILDREN'S HOSPITAL, LOS ANGELES

DEAR EDITOR: The circumstances connected with the disorganization of the School of Nursing at the new Children's Hospital in Los Angeles, California, are of interest to the nursing profession and the public.

The Children's Hospital is incorporated as a charity and is controlled by a board of fifty women managers. It is dependent for its maintenance upon life-memberships and annual subscriptions collected from the community.

A training school was organized in January, 1914. It was the first school established on a tuition basis in the State of California. Marian L. Vanner, a graduate of Johns Hopkins Hospital, was principal of the training school. She had been superintendent of the hospital for three years, during which time she inspired the nurses, with whom she came in contact, with high professional ideals.

During her administration, the new Children's Hospital was erected, and

to Miss Vannier is due much of the credit for its modern construction and equipment. The successful organization of the training school at this time gave further evidence of her efficiency.

Grace Watson, an excellent graduate of the department of Nursing and Health, Teacher's College, Columbia University, N. Y., was engaged as instructor in the school. The students, twenty in number, had excellent preliminary education. One-half of this number had had from one to three years college work and one student had a college degree. An affiliation with the State Normal School was arranged for, Miss Watson giving instruction in that institution in exchange for certain subjects that the hospital was unable to provide for the students because of lack of equipment, viz: chemistry and dietetics.

Very recently, the management of the hospital was abruptly changed and the final authority vested in a business woman instead of a superintendent. Under the new régime it was impossible to carry out the former ideals of the training school and Miss Vannier resigned her position. Following this, the students, becoming disappointed, expressed their unwillingness to accept lower ideals of education and training than those which they understood would be maintained when they entered the school. They were united in their decision and finally left the training school.

An auxiliary to the training school had been organized to assist in providing the necessary equipment for the school. This auxiliary sustained the action of the students and as a consequence disbanded.

The decision of the students was also endorsed by Helena Barnard, a graduate of the Johns Hopkins Hospital Training School for Nurses, at one time president of the California State Nurses' Association, and formerly a member of the board of managers of the Children's Hospital. Miss Barnard is a woman who has always upheld the ideals of the nursing profession and has stood for justice to the pupil nurse in the way of proper protection and education. Miss Barnard has been much interested in the establishing of this school and has rendered a very material assistance by her valuable advice to the faculty, by addressing the students and by many generous gifts.

While it is to be very much regretted that a break has occurred in the course of the nurses' training and that the building of an educational structure has been interrupted, it is nevertheless a satisfaction to note that Miss Vannier was able to demonstrate that an institution of the standard of the Children's Hospital Training School could be organized on this basis, established and maintained for one year.

These young women are all interested in nursing as a profession and it is to be hoped they will shortly be re-united in a school which can demonstrate to the community its value as a school of nursing founded on a solid educational basis with the proper ethical standards.

HELENA BARNARD

*Graduate of the Johns Hopkins
Training School for Nurses.*

ELLEN AUGUSTA LAMB

*President of the Children's Hos-
pital Training School Auxiliary.*

C. ADOLPHUS TOWNSEND

*Member of the Training School Committee of
the Board of Managers of the Children's Hospital.*

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

AMERICAN NURSES' ASSOCIATION

The eighteenth annual meeting of the American Nurses' Association will be held in San Francisco, June 29 to 30, 1918. No credential cards will be sent to associations or individuals in advance.

Headquarters. *Hotel Chitt,* Geary and Taylor Streets. Each room has twin beds and a bath. Rate for one person, \$5.00 a day; for two persons, \$2.75 each. 75 rooms have been reserved but applications should be sent in early. Rates for meals: regular breakfast, 75 cents; club breakfast, 50 cents; lunch, 75 cents; club dinner, \$1; Sunday dinner, \$1.35. Meals a la carte are served during certain hours. This hotel is a three-minute walk from the church where the meetings are to be held.

Other hotels recommended: *Somerton Hotel,* Geary Street, near Taylor. Room with a bath, \$5; without bath, \$4. These are rates for two persons, no single rates will be quoted. Rates for meals: Breakfast, 50 cents; lunch, 50 cents; dinner, \$1.

Both these hotels are new and are centrally located. There are numerous cafes and restaurants in the vicinity.

The Inside Inn. Rates: Room without bath, \$3 a day and up for one person, \$5 a day and up for two persons; room with a bath, \$4 a day and up for one person, \$5 a day and up for two persons. Rates for meals: breakfast, 75 cents; luncheon, \$1; dinner, \$1.50. An additional charge of 50 cents a day is made to each guest for admission to the Exposition grounds. This hotel is twenty minutes distant from the church where the meetings will be held.

Hotel Meares. A good home hotel, about fifteen minutes' ride from the place of meeting. Rates: European plan, \$1.50 a day and up; American plan, \$2.50 a day and up.

Y. W. C. A. Woman's Hotel, 642 Jones Street, reasonable rates, two blocks from the First Congregational Church.

San Francisco will be very much crowded during the month of June and every one is urged to engage her room as early as possible.

Itineraries. The full itineraries were published in the March JOURNAL, pages 514-517.

For information in regard to the sight-seeing tour, members should apply to the Frank Tourist Company, 325 Broadway, New York. This trip begins at New York, June 9, at noon, and includes on the outward journey, stops at Chicago, the Grand Cañon, Riverside, Los Angeles, San Diego and the Yosemite Valley. The return trip begins at San Francisco, June 27, 9 p. m., and includes stops at Salt Lake City, Colorado Springs, Denver and Niagara Falls.

For information in regard to the Direct Trip, members should apply to the chairman of the Transportation Committee, Mrs. C. V. Twin, 419 W. 144th Street, New York. This trip begins at New York, June 14, at noon and proceeding by way of Colorado, ends at San Francisco, June 19, 8.30 p. m.

TICKET OF NOMINATIONS FOR OFFICERS, 1915-16

For president: Anne W. Goodrich, New York City; second nomination from the floor.

For first vice president: Addie Eldredge, Chicago, Illinois; Elizabeth P. Cocha, San Air, Virginia.

For second vice president: Agnes G. Deane, Detroit, Michigan; Retta Johnson, Brenham, Texas.

For secretary: Katherine DeWitt, Rochester, New York; Mary S. Sims, Bryn Mawr, Pennsylvania.

For treasurer: Mrs. C. V. Twiss, New York City; second nomination from the floor.

For directors to serve three years (two to be chosen): Jane A. Delano, Washington, D. C.; Mary M. Riddle, Newton Lower Falls, Massachusetts; Mrs. A. C. Hartridge, Augusta, Georgia; Mrs. J. E. Roth, Pittsburgh, Pennsylvania.

For directors to serve two years (two to be chosen): Margaret Dunlop, Philadelphia, Pennsylvania; Mathild Krueger, Neenah, Wisconsin; Marietta B. Spaul, Newark, New Jersey; Ella Phillips Crandall, New York City.

For directors to serve one year (two to be chosen): Lydia A. Giberson, Allenwood, Pennsylvania; Mary C. Wheeler, Chicago, Illinois; Dr. Helen B. Crieswell, Los Gatos, California; Anna C. Maxwell, New York City.

PROGRAMME

AMERICAN NURSES' ASSOCIATION

Sunday, June 20. 8 p.m., Service at First Congregational Church, sermon by Rev. C. F. Aked, D.D., *The Nurse, Her History and Mystery*.

Monday, June 21. 8.30 a.m., to 12.30. Registration of delegates. 2 p.m., Business session, roll call, reports, etc. 4.30 to 8.30 p.m., Informal talk on the Exposition by Mrs. Rose V. Berry, Art Critic, and afternoon tea. 8 p.m., General Session. Invocation, Dean Winbur Graham, Chaplain of the Guild of St. Barnabas; Address of Welcome, Mrs. Sanborn, President of the Women's Board of the Exposition; Response, Anne W. Goodrich, president of the International Council of Nurses; presidents' addresses, Genevieve Cocha, Clara D. Noyes, Mary S. Gardner; paper: *Power of the Professional Press*, Sophia F. Palmer.

Tuesday, June 22. 10.30 a.m., Private Duty Session, Frances M. Ott, presiding. Training and Qualifications Most Desirable for Private Duty Nursing, Alice Dalbey; Private Duty Nurses and Their Relation to the Directory, Sophia L. Rutley, Katherine Hyde; *Loyalty and What We Owe Our Schools*, Beanie Graham; *Contagious Nursing*; discussion and questions. 2 p.m., Hourly Nursing, speakers to be announced. 4-5, Reces. 5-6, Round tables. Session for State Boards of Examiners. Subjects to be considered: Headquarters of administration, location, offices, equipment, system of filing, assistants. Setting of examination questions. 8 p.m., Public Session at Festival Hall, Exposition Park. (See League programme.)

Wednesday, June 23. 10 a.m., Red Cross Standards and Their Effect on the Profession; Lessons of the War; The Need of the Time and How Our Profession has met it. 2 p.m., Out-door session in the Greek Theatre, Berkeley. (See League programme.) Supper at Piedmont Park and a boat trip to the Exposition.

Thursday, June 24. 10 a.m., Indian Nurses and Nursing Indians, Miss De Pelletier; Relation of the Nurse to Her Community; Work of Nurses in the Panama Zone; Some Points in Organization Work. 2 p.m., Session on Legislation, Anna C. Jamme, presiding. Administration of Laws by a Board of Nurses versus Administration by a Medical Board, a Board of Health or Regents of a University; Basis of Reciprocity; General Legislation Pertaining to Nurses and Nursing. Discussion. 4-5, Recens. 5-6, Round tables. 8 p.m., Public Session (See Public Health programme.)

Friday, June 25. 10.30., Business session and adjournment. On Friday afternoon there will be demonstrations of nursing methods in some of the San Francisco hospitals.

NOTE.—As the meetings are to be held in Dr. Aked's new and beautiful church, it is anticipated that there will be ample room for section meetings and round tables. Any group of workers desiring to arrange for such a conference should communicate as soon as possible with the secretary of the American Nurses' Association, whose address is always to be found in the Official Directory. It is planned to have the official meetings close at noon on Friday, in order that the members may have a little free time and that the officers of the three associations may hold the necessary committee meetings without the strenuous all-night work which has sometimes been unavoidable. The cordiality of the California nurses, the number of those planning to go and the fact that the American Medical Association and the American Hospital Association are to be in session at the same time, promise well for the opportunities before our members.

REPORT OF THE NURSES' RELIEF FUND, MARCH, 1915

Receipts

Previously acknowledged.....	\$2,535.31
Interest on bond.....	20.00
New York Hospital Alumnae Association.....	50.00
Salt Lake City Graduate Nurses' Association.....	10.00
Missouri State Nurses' Association.....	5.00
John Hopkins Hospital Alumnae Association, individual members....	5.00
Elizabeth F. Lindheimer, New York City.....	1.00
Sarah J. Graham, New York City.....	3.00
Brooklyn Hospital Training School Alumnae Association, individual members.....	15.00
Allice L. Smith, Grand Forks, N. D.....	5.00
Massachusetts State Nurses' Association.....	25.00
St. Louis Training School for Nurses.....	10.00
Lory Ramsted.....	1.00
Hospital of St. Barnabas Alumnae Association, Newark, N. J., Sale of Calendars.....	60.00
German Hospital Alumnae Association, New York City.....	10.00
Miss M. Ford, Brantford, Canada.....	3.00
Calendar money.....	205.07
	<hr/>
	\$3,481.23

Disbursements

Benefit No. 1, Fifth Payment, March 1, 1915.....	\$10.00	
Exchange on cheques.....	1.25	
Balance March 1, 1915.....	11.25	\$2,300.15
8 bonds, par value.....		5,000.00
2 certificates of stock.....		2,000.00
		<hr/> \$12,300.15

Contributions for the Relief Fund should be sent to Mrs. C. V. Twin, Treasurer, 620 West 146th St., New York City and cheques made payable to the Farmers' Loan and Trust Company, New York City.

For information address L. A. Gibbons, Chairman, Allenwood, Pa.

REPORT OF THE MADEL HAMPTON BOND FUND, APRIL 1, 1915

Previously acknowledged.....	\$14,977.47
Malden Alumnae Association, 69 Cedar Street, Malden, Mass., Mary Boyd, Treasurer.....	30.00
Mary W. McKeehan, New York.....	10.00
Hartford Hospital Training School Alumnae Association, Winifred Erdman, Treasurer, 100 Pratt Street, Hartford, Conn.....	20.00
The Graduate Nurses' Association of Dayton and Vicinity, Mary W. Chisley, Mansfield, Ohio.....	30.00
The Alumnae of the Sumerville Hospital, Clara M. Charlton, Treasurer, Sumerville, Hospital, Sumerville, Mass.....	5.00
Lella Richardson Bennett, 820 Fifth Avenue, Seattle, Wash.....	5.00
Alumnae Association of the Training School for Nurses of the Presbyterian Hospital, Philadelphia, Pa., Florence Langnecker, Treasurer.....	25.00
The Nurses' Alumnae Association of the German Hospital, Philadelphia, Pa., 1225 Wallace Street, Elizabeth Rapp, Treasurer.....	5.00
New England Hospital Alumnae Association, 125 Nahant Street, Lynn, Mass., D. Hodgins, Treasurer.....	10.00
St. Barnabas Nurses' Alumnae, St. Barnabas Hospital, 2425 Lyndale Avenue, S., Minneapolis, Minn., Grace Brown, Treasurer.....	10.00
Massachusetts State Nurses' Association, Esther Dart, Stillman Infirmary, Cambridge, Mass.....	10.00
Alumnae Association of Putnam General Hospital Training School, Putnam, N. J., Grace M. Cummings, Treasurer.....	10.00
Alumnae Association of the John N. Norton Memorial Infirmary, Louisville, Ky., Emma Innes, Secretary, 622 S. Sixth Street, Louisville, Ky.....	10.00
Oklahoma State Nurses' Association, 125 W. Market Street, Evid, Oklahoma, Edie Becket, Treasurer.....	10.00
	<hr/> \$15,170.47

All contributions should be sent to Mary M. Riddle, Treasurer, Newton Hospital, Newton Lower Falls, Mass., and all drafts, money orders, etc., should be made payable to the Merchants' Loan and Trust Company, Chicago.

MARY M. RIDDLE, Treasurer.

NATIONAL LEAGUE OF NURSING EDUCATION

The presidents of state associations who promised to assist the secretary in doing publicity work concerning nursing education are asked to send in their reports as soon as possible that a report may be given at the next convention.

SARA E. PARSONS, Secretary.

Massachusetts General Hospital, Boston, Mass.

PROGRAMME FOR SAN FRANCISCO MEETINGS

Monday, June 21. 10 a.m., Business meeting. Afternoon and evening. (See programme of American Nurses' Association.)

Tuesday, June 22. 11 a.m., Training School Problems. The Social Life of Student Nurses, Mary M. Riddle; Student Government, its Advantages and Limitations as Applied to Training Schools for Nurses, Carolyn Gray. 3 p.m., Public session at Festival Hall, Exposition grounds. The Modern Trend in Education, David Starr Jordan, Leland Stanford University; Possible Cooperation between State Normal Schools and Training Schools, Edna Rich, State Normal School, Santa Barbara; Existing Affiliations between Training Schools and Universities, Louise M. Powell, University of Minnesota, Minneapolis.

Wednesday, June 23. 11 a.m., Session on Teaching in Training Schools. What Constitutes Good Teaching. How to help pupils to study, Harriet Gillette, Long Island College Hospital, Brooklyn, N. Y.; The Teaching of Housekeeping in the Training School. 3 p.m., Public session in the Greek Theatre, Berkeley, members of the American Hospital Association being guests. Speakers: Governor Johnson, Surgeon General Gorgas, Winford Smith, M.D. Subject, The Educational Function of the Hospital.

Thursday, June 24. 11 a.m., Practical Problems in Training School Administration. Training School Records, Lila F. Fickhardt, Pasadena Hospital; The Arrangement of Hours under the California Law, Mrs. H. W. Pahl, Angeles Hospital; The Planning and Furnishing of Class Rooms. 3 p.m., Session on Legislation. (See programme of American Nurses' Association.)

Friday, June 25. 11 a.m., Business meeting.

NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

PROGRAMME FOR SAN FRANCISCO MEETINGS

Monday, June 21. 9.30 a.m., Business meeting. President's address, reports, revision of by-laws. 5-6 p.m., Round tables on Records and Statistics, Edna L. Foley, chairman; Mental Hygiene, Elmore Thomson.

Tuesday, June 22. 9 a.m., Section meeting under direction of Committee on Membership and Finance, Mrs. James L. Houghtaling, chairman. Programme to be announced. 3 p.m., Hourly Nursing, Origin, Growth and Development, Mary M. Riddle; Household Nursing in its Relation to Other Similar Services, Richard M. Bradley, Boston; The Possible Amalgamation of Visiting, Hourly and Household Nursing, Mrs. John Lowman, Cleveland; The Social Value of the Nurse, Lee K. Frankel, M.D., New York City. 5-6 p.m., Round tables conducted by the standing committee on Organization and Administration, Mrs. Arthur Aldis, chairman; the standing committee on Tubercular Nursing, Curry Brockbridge, chairman.

Wednesday, June 23. 9 a.m., Section meeting, School Nursing, Mrs. Lina Rogers Struthers, chairman. Section meeting on Medical Social Service, Ida M. Cannon, chairman. 4-6 p.m., Round Tables; Industrial Nursing, Eva L. Anderson, chairman; Visiting Nursing, Nancy L. Dorsey, chairman. 8 p.m., Public Session, Infant Welfare, Carolyn C. VanBlarcom, chairman. Papers by Philip Vaningen, M.D.; Ira S. Wile, M.D.; Miss E. I. McCune; Ellice M. Alger, M.D.

Friday, June 25. 9.30 a.m., Business session.

Notes.—Special round tables will be provided for any group upon request. Adjourned sessions of regular round tables will be arranged on request of chairmen. Tea will be served each afternoon from 4-6 at the Congregational Church.

NAVY NURSE CORPS

APPOINTMENTS.—Edna C. Ewing, New York City Hospital Training School, Blackwell's Island, New York; Frances B. Liggett, Memorial Hospital, Richmond, Virginia; Frances L. Long, John Norton Memorial Training School, Louisville, Kentucky, Operating Nurse Eve's Infirmary, Nashville, Tennessee; Julia T. Nicholls, Columbia and Children's Hospital, Washington, D. C., assistant superintendent, Columbia Hospital, Washington, superintendent University Hospital, Ann Arbor, Michigan, superintendent Flower Hospital, New York; Kinda Ruth Sholey, Middletown State Homeopathic Hospital, New York, Post-Graduate Bellevue and Allied Hospitals, New York; Margaret Pierce, Re-appointed, St. Louis Protestant Hospital; Carrie H. Lappin, J. Lewis Croser Hospital, Chester, Pennsylvania; Frances L. Winkler, J. Lewis Croser Hospital, Chester, Pennsylvania; Ethel L. McVey, Columbus Hospital, Great Falls, Montana, and St. Patrick's Hospital, Minneola, Mont., assistant surgical nurse, Northern Pacific Hospital, Minneola; Harriet K. Kavanagh, Buffalo State Hospital, Buffalo, New York, Post-Graduate Bellevue and Allied Hospitals, New York.

TRANSFERS.—Mary Frances Lowery, to New York; Mary H. Bethel, to New York; Margaret A. Lytton, to New York; Margaret Pierce, to Philadelphia; Kinda Ruth Sholey, to Philadelphia; Frances Liggett, to Norfolk, Virginia; Edna C. Ewing, to Washington, D. C.; Julia A. Nicholls, to Mare Island, California; Violet Gann, to Samoa; Emily M. Smaling, to Samoa; Carrie H. Lappin, to Philadelphia; Mary A. Long, to Guam; Anne M. V. Hester, to Guam; Frances L. Winkler, to Philadelphia, Pennsylvania; Ethel McVey, to Mare Island, California; Harriet K. Kavanagh, to Annapolis, Maryland; Louise Kuroth, to Norfolk, Virginia; Frances L. Long, to Norfolk, Virginia; Mary M. Robinson, to Philadelphia, Pennsylvania; Anna I. Oak, to Canacao, Philippine Islands; Blanche Brown, to Canacao, Philippine Islands; Alice M. Gillette, to Newport, Rhode Island.

HONORABLE DISCHARGE.—Mrs. Florence T. Milburn, Chief Nurse, Elizabeth Reed, Martha T. Bergman, Norma LaRoche Meyer, Mary A. Sheehan.

RETIRED.—Maud Alverson, Nellie K. Campbell, Edith A. Mury, Eva Huxton.

LEWIS S. HIGGINS,
Superintendent, Nurse Corps.

THE NATIONAL CONVENTION OF CHARITIES AND CONNECTION will hold its forty-second annual session in Baltimore, Maryland, May 12-19. The detailed programme is not yet at hand but, as always, there will be much of value to nurses, especially to those engaged in public health work.

ALABAMA

Birmingham.—THE GRADUATE NURSES' ASSOCIATION at a recent meeting elected the following officers: president, Mrs. E. M. Hartsock; vice-presidents, Mattie L. Hinson, Bertha Thompson; secretary-treasurer, Helen MacLean; corresponding secretary, Julia Delewood; chairman of standing committees, membership, Mrs. Cora Sanford; ways and means, Gertrude Clanner; sick relief, Nettie Wilson; visiting, Helen Louise Shepherd; programme, Lenna H. Denny.

ARIZONA

Tucson.—St. Mary's Hospital and Sanatorium opened its new Training School on December 10 with fitting ceremonies. The new wing which has been added is to be given over to the training school. A number of graduate nurses were invited for the occasion by the Sisters. A dinner was served to the guests and to the members of the new school, which is to be under the direction of Sister Frances de Sales, formerly superintendent of St. Joseph's Hospital, Kansas City, and a graduate of Mercy Hospital, Chicago. It is the hope of the School that a greater interest in nurses and nursing affairs will be created in the community by the hospital and the attendance at the opening seemed to promise well for public interest in the future.

COLORADO

Denver.—THE COLORADO STATE TRAINED NURSES ASSOCIATION held its eleventh annual meeting at the Young Women's Christian Association building, on February 11 and 12. An interesting programme was enjoyed, and the following officers elected: president, Mrs. Cora Chamberlain, Boulder; vice-presidents, Mrs. C. A. Black, Pueblo; Jessie Stewart, Colorado Springs; secretary, Evangeline Lake, Denver; treasurer, Lottie G. Welch, Denver; member of the board of directors, Mrs. L. Taylor, Fort Collins. Florida Farnham was elected delegate to the convention of the American Nurses' Association. Ten new members were taken into the association.

The new nurse practice act, which has been under way this winter, was signed by Governor Carlson, April 19.

CONNECTICUT

New Haven.—THE CONNECTICUT TRAINING SCHOOL ALUMNAE ASSOCIATION held a meeting on April 1, at the usual place with a large attendance and all officers present. Mrs. M. J. C. Smith was chosen to represent the Association at San Francisco. Miss Johnson, a recent graduate, goes with the next Red Cross contingent on European service. A very interesting letter written by Lucy Bartram, on Red Cross duty in Russia, was read, telling of the personal interest and appreciation of the War in the work of the American Red Cross nurses and of their meeting him. She was to return in March. An informal talk was given by Miss Hanson on army and navy nursing, telling of the good care given by the Government to the nurses and expressing appreciation of the work done by Miss McCloud in Manila. A social hour followed.

GEORGIA

Savannah.—THE SAVANNAH NURSES' ASSOCIATION of Savannah, held its monthly meeting in the Tea Room of the Hotel Savannah, on March 21.

After the business meeting Dr. Rabston Lattimore addressed the nurses on The Circulation as an Hydraulic System. He demonstrated the use of the blood pressure apparatus and showed the relative value of its findings in determining the work put upon the heart in normal and abnormal conditions. Where the arteries were hardened or the valves leaking or the eliminating processes impaired, the blood pressure apparatus tells the story and it can be determined by simple calculation where the trouble is. A high or low blood pressure was of no great importance if the heart was carrying its relative amount of the work.

FLORIDA

THE FLORIDA STATE ASSOCIATION OF GRADUATE NURSES held its third annual meeting at Jacksonville on March 4, 5, and 6. The entire programme was most interesting and instructive. On March 4, at St. Luke's Hospital, committee meetings were held, a State Organization for Public Health Nursing and State League of Nursing Education were formed. The pupils of the training school at St. Luke's gave in good form demonstrations in hot packs, Murphy's drip, creep tent, cold sponge, etc. On Friday the regular sessions at the Women's Club began and continued for two days. Among the most interesting papers were those given by Dr. James Knox Simpson on Cancer; Dr. H. L. Brillhart on Diet in Diseases of the Stomach; Dr. Raymond C. Turch, an illustrated talk on Crippled Children and the Prospect of an Institution to Educate and Care for Them. Mr. M. Flagg of the Children's Home Society spoke on the work of the Society and the bills that are to be presented at the next session of the legislature for the benefit of the children. Miss Goodrich came from New York to address the meeting, which was a privilege and delight to the members. Twenty-five dollars was contributed to the Nurses' Relief Fund, also an amount was contributed toward defraying the expenses of the training school inspector. The following officers were elected for the ensuing year: president, Annie L. O'Brien; vice-presidents, Miss M. Nash and Mary McCormick; recording secretary, Miss J. A. Hunter; corresponding secretary, Anna Davis; treasurer, Mylde Schring.

Jacksonville.—Nettie L. Flanagan has resigned her position as superintendent of Duffalo Sanatorium and will take a much-needed rest at her home in Pennsylvania.

ILLINOIS

Chicago.—Cons V. Johnson, class of 1897, Presbyterian Hospital, has resigned her position as assistant superintendent of nurses, and has joined a group of Red Cross nurses in Europe. Sara Elbert, class of 1911, accompanied her. Edwyla Helverson, class of 1911, is now night superintendent of the hospital. Harriet L. Forrest, former night superintendent, has taken the position left vacant by Miss Johnson. Catherine Buckley, class of 1912, Mrs. Alice W. Bowen, and Pope Jackson, class of 1897, and Edith Miller, class of 1914, have been appointed supervisors of different wards in the hospital.

Mary D. O'Connell, class of 1900, St. Luke's Hospital, who has been assistant superintendent for five years, has been appointed to succeed the late Margaret E. Johnston, as superintendent.

THE CHICAGO WOMAN CLUB, 1919 Calumet Avenue, extends its welcome and hospitality to all nurses who are passing through the city. It is centrally located on the Lake front and makes a very pleasant meeting place for friends or to get a cup of tea or a meal.

Reservations for a limited number to stop over night can be secured.

Springfield—The Graduate Nurses Association held a meeting at the Lincoln Library, on March 27. Anna L. Tittman, secretary and treasurer of the Illinois State Board for Registered Nurses, gave a very interesting talk on Principles of Sanitary Science, and Public Health. There was a large attendance, and at the close of the business meeting, a social hour was enjoyed. It was announced that Mr. Pickering would speak of the Narcotic Drug law, and Mr. Albert Stevens on parliamentary law, at the April meeting.

Puerto Rico—Evelyn L. Parsons, a St. Louis nurse, who has had experience in the Red Cross Town and Country Nursing Service, has been appointed visiting nurse in this city, succeeding Myrtle M. Douglas. Miss Douglas will take up hourly nursing.

IOWA

The special examination for the registration of nurses, was held at the State House, Des Moines, April 22.

Des Moines—The Registered Nurses Association held its regular meeting, March 2. The secretary reported that a bill was on file in the House of Representatives, and Helen Needles was appointed chairman of a committee to act in reference to it. Seventeen members and two visitors were present, eight new members were admitted. At the meeting of the association held March 12, Helen Needles reported that the bill had been killed. The services of Laura Channell had been obtained, and she had interviewed ninety representatives in a very short time. The nurses of Iowa owe a debt of gratitude to the local and state committee, as well as to Miss Channell and Esther Bunch, for the prompt and efficient assistance given. Twenty-four members were present, and three new names accepted. Ella Phillips Channell will speak in Des Moines, May 11.

Mary McIntyre has resigned her position as superintendent of the Iowa Methodist Hospital Training School. Isabel White has resigned her position as assistant superintendent, and Anna L. Davis as supervisor, in the same hospital. Myrtle Peterson has accepted a position as supervisor. Helen Needles has received an appointment as Red Cross Nurse and teacher of a class in elementary hygiene and home nursing. Ida Sloss, graduate of the Iowa Methodist Hospital, has accepted a position as superintendent of the Turner Hospital, Meridian, Mississippi. Miss Sloss was formerly night supervisor in the Iowa Methodist Hospital.

Sioux City—LYDIA THORNELL, graduate of the Swedish Hospital, Minneapolis, has accepted a position as surgical nurse in the Iowa Lutheran Hospital Training School.

Davenport—The ALGERIAN ASSOCIATION of the Mercy Hospital Training School held their annual meeting in the hospital auditorium in March. The following officers were elected: president, Estelle Mallotte; vice-president, Amanda Bond; secretary, Marie Peterson; treasurer, Ella Hart.

KENTUCKY

THE KENTUCKY STATE BOARD OF NURSE EXAMINERS will hold an examination for state registration at Spence Memorial Hospital, Dayton, Kentucky, on May 17, 18, 1915, beginning at 10 a.m. For further information apply to the secretary, Flora E. Koon, R.N., Somerset, Kentucky.

LOUISIANA

STATE BOARD EXAMINATION

Anatomy.—1. Describe cartilage and tell where some cartilages of body are found. 2. Give anatomical difference between voluntary and involuntary muscles. 3. Name six of the chief voluntary muscles. 4. Give briefly the structure of arteries and veins and show the main difference in their structure. 5. Name the two important arteries of the forearm. 6. Trace the blood from the left ventricle to the right forearm. 7. Describe briefly the stomach. 8. Name the three biliary ducts. 9. Tell all you know about the calcium. 10. Give briefly a description of the kidney.

Physiology.—1. (a) What are the chief functions of the bones? (b) What is the pericardium? 2. (a) Into how many acts is respiration divided? (b) What is the normal respiration rate in a healthy adult? 3. Name functions of the pericardium. 4. (a) Name the organs composing the circulatory system. (b) What is the normal pulse rate in a healthy adult? 5. (a) Define mastication. (b) deglutition. (c) digestion. 6. What secretions combine to digest food in the intestine? 7. (a) Define elimination. (b) Name the chief eliminating organs. 8. (a) Name several functions of the nerves. (b) Name two nerves of special sense. 9. Name the functions of the lacrimal gland. 10. (a) Name one serous membrane. (b) Name one organ lined by a mucous membrane.

Medical Nursing.—1. Describe the fumigation of sick room after contagious disease. 2. Describe sparging in typhoid fever. 3. What is the duty of the nurse in the case of the dead? 4. What would you do in an emergency case of morphine poisoning? 5. Duty of a nurse in care of a case of pneumonia. 6. What are the symptoms in pneumonia? 7. Describe cold pack. 8. Describe the preparation of an inhalation. 9. How prepare a hypo. of $\frac{1}{4}$ of strychnine if given in $\frac{1}{2}$ tablets? 10. What would you do for insomnia?

Surgical Nursing.—1. Describe the preparation of an operating room for abdominal operation. 2. Preparation of patient for a rectal fistula. 3. Name some causes for the retention of urine and describe the preparation for catheterization. 4. Describe the spiral reverse bandage and name a case in which it is used. 5. What is an interrupted suture? 6. What is a continuous suture? 7. What is an intravenous infusion? 8. Differentiate between arterial and venous hemorrhage. 9. Give symptoms and treatment of shock. 10. How should a dressing that has stuck to wound be removed?

Gynecology.—1. Preparation of patient for delivery. 2. What should be the conduct of a nurse during obstetrical case? 3. State usual diet for parturient woman. 4. Name stages of labor. 5. What two orifices have to be dilated before birth of child is possible? 6. Name bones that make up pelvis. 7. What are the different varieties of hemorrhage in pregnant woman? 8. First aid to patient in hemorrhage? 9. State a few symptoms of eclampsia. 10. Give treatment of breast after birth.

Dietetics.—1. Give definition of food. 2. Define briefly digestion and absorption. 3. Name the several forms of animal foods. 4. Tell all you know about milk. 5. Define and tell what you think of vegetarianism. 6. What are the four methods of feeding infants? 7. Give four or five recipes for nutrient enemata. 8. Give what you would consider the best diet in habitual constipation. 9. What would you consider the best diet in diabetes mellitus? 10. Give pre and post operative dietetic management of a case of fibroid uterus.

Infant Feeding.—1. What should be the system employed for the first feeding of infants? 2. Mention usual age and some of the food that can be given to a child when changing from breast. 3. Give method of preparing modified milk. 4. State feeding of infants in contagious diseases. 5. What would be the best form of feeding in diarrheal condition? 6. What are the most important differences between cows and human milk? 7. When would solid food be advisable for a child? 8. What foods are especially beneficial in treatment of anemia? 9. Mention some reasons why solid food is restricted or withheld when there is high temperature. 10. How often and how much liquid should a child between three and six months be given?

Materia Medica.—1. (a) What is the equivalent in fluid drams of the following: teaspoonful, desertspoonful, and tablespoonful? (b) What is the equivalent in fluid ounces of the following: wineglassful, teaspoonful, and tumblerful? 2. Name drug of animal origin, two of mineral origin, and three of vegetable origin. 3. Define idiosyncrasy. (b) What is meant by the cumulative action of a drug? 4. What is meant by a 25 per cent solution? 5. What is the average dose of the following:—codeine sulphate, aspirin, Fowler's solution, infusion of digitalis and atropine? 6. (a) Name a drug which has emetic properties, (b) expectorant properties, (c) sedative properties, (d) astringent properties, (e) anesthetic properties. 7. What alkalioid is derived from coffee? (b) What is the common name of phenol. 8. What is an emulsion? 9. What are the symptoms and treatment of arsenical poison (acute)? 10. I desire a prompt effect of a medicine which may be administered either in solution, powder, or compressed tablet form. Which is preferable and why?

Bacteriology and Hygiene.—1. Give amount of fluid average adult should consume in 24 hours. 2. Will sewer gas cause disease? 3. What are the healthiest methods of heating houses? 4. What are advantages and disadvantages of fire places? 5. Name a defect of the eye incident to school life. 6. Give common sources of contamination of drinking water. 7. What are spores? 8. Why should soda be added to water in which instruments are sterilized? 9. Mention advantages and disadvantages of carbolic acid as a germicide. 10. What per cent carbolic acid is necessary to disinfect excreta in typhoid case? 11. Name nature's disinfectant. 12. How is a room prepared for fumigation?

Chemistry.—1. Give chemical subdivision of matter. 2. How and why can potassium permanganate stains be removed? 3. What is Labarraque's solution? 4. Give per cent of formaldehyde in formalin. 5. Name four gaseous elements. 6. How can water be made synthetically? 7. Give properties of O. 8. Give chemical constituents of air.

MARYLAND

THE MARYLAND STATE BOARD OF EXAMINERS FOR NURSES, will hold an examination for state registration, June 1, 2, 3 and 4, 1915. All applications, including those for re-examination, must be filed before May 15. A new rule, restricting the number of re-examinations granted to any candidate, has been instituted. All candidates now eligible for re-examination will be given one further examination in accordance with earlier rules, provided that this examination is taken during the present year of 1915.

Mrs. ELIZABETH F. HUNST, R.N., Secretary,
1211 Cathedral St., Baltimore, Md.

Baltimore.—The **State League of Nursing Education** held its regular monthly meeting at the Union Protestant Infirmary March 17. There was further discussion of the curriculum as outlined by the state board of examiners. A paper on Theoretical and Practical Instruction of Obstetrics was read by Miss Baker, of Johns Hopkins Hospital; papers on Theoretical and Practical Instruction in Pediatrics and Orthopedics, prepared by the Misses Stine and French, who were unable to be present, were read by Miss Lawler. A paper on Practical Work in Surgery was read by Miss Evans, of the Union Protestant Infirmary. Full discussion followed, Miss Lawler presenting in detail the simple technique of the training at the Harriet Lane Home, where they have the proud record of no cross infections. There seemed to be a wide diversity of opinion as to orthopedic training, the amount of time required and its value when a training in pediatrics cannot be obtained. Tea was served by Miss Ball.

MASSACHUSETTS

Boston.—The **Rae Chase Nursing Service**, through the secretary of the Local Committee, reports a large number of applications. These are coming in from various parts of the state. Edna Harrison, Massachusetts General Hospital, who has gone to Falmouth, England, was presented by the Local Committee with a beautiful silk "Stars and Stripes." Miss Perkins and Miss Riley are returning from Falmouth. On March 17, a Harvard Medical College Unit sailed from Boston for Europe, composed of seventeen doctors and four nurses. Dr. Harvey Cushing, of the Peter Bent Brigham Hospital, heads the doctors. The four nurses are Miss Martin, Johns Hopkins, Miss Cox, Massachusetts General, Miss Wilson, an English nurse, and Helen A. Parks, a graduate of the Massachusetts General, who for three years has been superintendent of nurses at the Barabank Hospital, Fitchburg. This unit goes to the American Ambulance Hospital, Neuilly, Paris.

The **Boston City Hospital**, by vote of its trustees, has decided to call the new nurses' home the Lucy L. Drown House for Nurses.

The **State Government** is making a determined effort to determine the quantity of morphin, codain and heroin in the state. Returns have to be made to the Collector of Internal Revenue by the hospitals, doctors and druggists of the amounts in their possession. The status of nurses under the Federal Narcotic Law is covered by the following abstract: "Nurses are not allowed to register for possession of narcotics. They may only have narcotic drugs in their possession under direction of registered physicians. They can only obtain supplies of such drugs upon prescription from registered physicians and only when nursing patients of such physicians."

Mary Burris, Massachusetts General Hospital, who went on duty at the American Ambulance Hospital, Neuilly, France, in December, writes that she will return to Boston in April. Miss Burris feels that she has had a wonderful experience from a professional point of view and has profited much from the outlook on the human side. She states that the food is good, the laundry well done and the nurses receive \$80 per month if they remain more than two months. The superintendent of nurses, Miss Wittingale, prefers English or American trained nurses. A knowledge of French is not necessary but is a great convenience. Between August and March 1, about 1200 patients have been cared for in the Hospital.

Annie Low, graduate of Boston City Hospital, now on leave from her work as missionary in China, gave a most instructive and entertaining talk, at the April meeting of the Boston City Hospital Nurses Club.

The Sick Relief Association of the Massachusetts General Hospital Nurses Alumnae, has used with good effect the idea of a "pound party." Little bags were made of pretty material by some of the nurses and with appropriate verses were sent to all the members, asking for the equivalent of each one's weight—a penny a pound. As the expense was trifling, the amount received thus far, \$312, is considered very satisfactory.

Wollaston.—THE WOLLASTON WOMEN'S CLUB, at the March meeting, voted to give \$100 to the Quincy Visiting Nurse.

Roxbury.—Martha MacDonald, a graduate of the New England Hospital for Women and Children, has completed a short course with the District Nurses' Association and is to go to Marion, Ohio, to take up Public Health Work.

Brighton.—ST. ELIZABETH'S HOSPITAL, represents with its equipment the expenditure of nearly \$400,000. The old hospital buildings have been thoroughly renovated and have been opened under the name of Saint Clement's House as a home for elderly women who desire a religious environment. There are accommodations for 300 and the home will be opened under the care of the Sisters of St. Joseph. Katherine W. Cramer, class of 1910, Boston City Hospital, has been appointed instructor of probationers.

MICHIGAN

Battle Creek.—THE BATTLE CREEK SANITARIUM AND HOSPITAL ALUMNAE ASSOCIATION elected the following officers at the January meeting: president, Jessie Midgley; vice president, Lillian Klein; secretary, Allene Warren; assistant secretary, Fannie Perrin; treasurer, Beanie Lucas.

Grand Rapids.—THE BUTTERWORTH HOSPITAL ALUMNAE ASSOCIATION held its regular monthly meeting, April 7, at the home of Mrs. Nellie Jungo Jan Van Kenlen. After routine business, Sarah Haley, of Detroit, spoke of visiting nursing in that city. Interesting letters were read from two absent members. Mrs. De Free Cantine of Buarah, Arabia, wrote of the work in the hospital, among the native people, and a little of the taking of the city by the British. Marie B. Reiley, superintendent of the Methodist Episcopal Seamen Dispensary, Pohnar, India, wrote of many interesting cases under her care. A social hour was then enjoyed.

Lansing.—THE INGHAM COUNTY GRADUATE NURSES ASSOCIATION held their first annual meeting April 5, at the Edward Sparrow Hospital. One of the chief things accomplished by the society during its first year of organization, has been the establishment of the free clinic, which has been made possible by the outpouring of the county medical society, and of the associated charities. Recently the dentists have cooperated, furnishing equipment and holding clinic every week. The doctors have promptly given their services, the nurses have rented and furnished the rooms with the generous donations of the Lansing merchants, and when possible have given of their time assisting the doctors. The officers for the coming year are as follows: president, Elizabeth Parker; vice-president, Maude Landis; secretary, Mabel Stevens; chairman of committees: credentials, Annie Coleman; programs, Mrs. Humphrey; ways and means, Margaret Miller.

MINNESOTA

St. Cloud.—HELEN M. WADSWORTH, field secretary of the Minnesota State Association, visited St. Raphael's Training School for Nurses on February 12. On the following day the graduates held a meeting and organized an Alumnae Association, Miss Wadsworth acting as temporary chairman.

MISSISSIPPI

Greenville.—LEOLA STEELE has given up visiting nursing work in Greenville to do the same kind of work in Natchez.

MISSOURI

THE FIFTH STATE BOARD EXAMINATION will be held in St. Louis, Planters Hotel, June 8 and 9, and in Kansas City, Coates House, June 10 and 11.

CHARLOTTE B. FORRESTER, R.N. Secretary pro tem.,
7611 Wornall Road, Kansas City, Missouri.

St. Joseph.—NANCY L. DORSEY has given up her position as nurse in charge of the Anti-Tuberculosis Society, to take up similar work in Louisville, Kentucky. That Miss Dorsey has won the affection and esteem of the community at large, as well as that of the nurses closely associated with her, was shown by the attendance at a luncheon given in her honor, before she left the city. A dinner was also given by the nurses on her staff, who presented her with *The Life of Florence Nightingale*, by Cook. DEBORAH MOWEN has resigned her position as sanitary inspector, under the Board of Health. She held this position for fourteen months, and she will now be connected with the Visiting Nurse Association.

St. Louis.—THE CENTRAL DIRECTORY FOR NURSES has been moved from Delmar Boulevard to 5222 Van Vernon Avenue, with Margaret McKinley still in charge.

NEW JERSEY

THE NEW JERSEY STATE NURSES' Association held its thirteenth annual meeting April 6 in the public library, Elizabeth. The president, Arabella R. Creech, called the meeting to order and prayer was offered by Rev. Frank A. Smith. The mayor of the city, Honorable Victor Mraving, a well known physician, gave an address of welcome, response to which was made by Mary J. Stone. After the reading of the minutes and the annual report, the treasurer reported a balance of \$211.68. The membership committee reported the largest gain made recently in one year, forty-seven individual members and one organization. The chairman of the Red Cross Committee, reported one hundred and twenty-seven members in New Jersey, eight of whom are in Europe. The ways and means committee reported that amendments to the nurse practice act were still before the legislature; also that an adverse bill had been introduced and was receiving the support of state hospitals, but was meeting with opposition from physicians and hospital authorities, who realize the importance of standards. The president in her address urged the nurses to do the work which comes in their way; to be more willing to serve as officers, and on the different committees. The public health committee wished to organize as a "section" rather than as a committee; to be allowed to elect their own officers, and to be granted one hour's time at each meeting, the membership to be derived from the state association which will

finance it until November. The proposition was approved and a meeting to organize will be called for May 20. The chairman of County Societies reported a small gain in numbers, but a great apathy in a field where much good could be obtained by reaching nurses in scattered localities. Marietta B. Squire was unanimously elected a delegate to the convention in San Francisco. The expenses will be shared by the alumnae association of the Orange Training School, which Miss Squire will also represent. Beatrice M. Drugg was elected delegate to the State Federation of Women's Clubs, to be held in Atlantic City. The State Board of Examiners reported that certificates were granted to twenty candidates who had taken the examination in June, 1914, eight having failed. Seven of these applied again in 1915, and were included in the seventy-eight who took the examination held in Trenton, March, 1915. Copies of *Illustrations of Modern Methods of Class Instruction* had been sent on request to Australia, South America and Finland, also to towns in thirteen states, as well as sixteen copies to Miss Goodrich, Teachers College, to be used in class work. Mr. Clarence Stonaker, secretary of State Charities and Corrections, announced the annual meeting in New Brunswick, and took opportunity to urge the employment of nurses by municipalities.

At the afternoon session Dr. Charles Schlichter gave an address on Idealism in Nursing. The following officers were elected: president, Arabella R. Crooch; vice-presidents, Elizabeth J. Hight, d'Arrey Stephen; secretary, Ingeborg Pratorius; treasurer, Mrs. H. W. Churchill; trustee, Agnes Conditine. The semi-annual meeting will be in Hackensack.

NOTE.—Since the date of the meeting the bill referred to has passed both house of the legislature and the adverse measure has been killed.

ORANGE.—THE ALUMNAE ASSOCIATION OF THE ORANGE TRAINING SCHOOL FOR NURSES held its regular meeting March 17, 1915, at the Central Registry for Nurses. The Committee appointed for the purpose of making garments for the needy reported a very favorable beginning, and were further encouraged by a collection of \$19.00 contributed by the members present. Beatrice M. Drugg and Martha Moore were appointed delegates to the annual meeting of the State Nurses Association to be held in Elizabeth. A letter of protest was sent to the senators of New Jersey against a bill now before the legislature, which if permitted to pass will lower the standard of the present nurses' bill. Dr. P. A. Potter gave an interesting talk on the Modern Idea of Contagious and Infectious Diseases of Children.

BESSIE AMMERMAN, class of 1912, and of the class of 1914, Teachers' College, has been appointed to the position formerly held by Miss Hitchcock, at the Henry Street Settlement, New York. She will visit Chicago and Toronto, before taking up her duties, June 1.

NEW HAMPSHIRE

THE NEW HAMPSHIRE STATE ASSOCIATION held the quarterly meeting at the State Hospital, Concord, on March 10. An interesting address was given by Ella Phillips Crandall on Nursing Organizations and Some of the Advantages Derived from Public Health Nursing Organizations by Affiliation with State Associations. At the conclusion of the address she met the public health nurses present, while the regular meeting of the association was in session. A letter from Grace Hasbott was read, tendering her resignation from the board of examiners. Much regret was expressed and it was voted that the names of Miss Lock-

erby and Miss O'Donohue be sent to the Board of Regents to fill the vacancy. An interesting letter was read from Miss Lockerby, former president of the association, now Red Cross nurse in Serbia, which told of the work done there and spoke highly of the kindness of the Serbian government to the wounded and those caring for them. Mrs. Eva May Crosby was chosen as delegate to the national convention at San Francisco. Miss Huntruss, deputy regent, explained definitely the need of more funds and suggested that the money recently raised by the various nursing organizations be used as a fund for state supervision of nurse training schools. It was decided not to increase the nurses' registration fee at the present time. Two new members were accepted. The meeting was well attended and as it was an open one, many interested in Public Health improved the opportunity for hearing Miss Crandall.

NEW YORK

New York.—THE NEW YORK LEAGUE FOR NURSING EDUCATION held its regular meeting at the Post Graduate Hospital on April 7 at 8.30 p.m. The president, Annie Goodrich, in the chair. About one hundred members were present. The program was A Discussion of the Proposed Course of Study as published in the twentieth annual report of the National League of 1914. Miss Louie, superintendent of nurses, Long Island College Hospital, discussed the Arrangement of the Preparatory Course and spoke very convincingly in favor of plan I, which provides for a four months preliminary course, in which the pupils have no hospital duties. The following conclusions were given as based on actual experience gained in testing both plans. Plan I insures: a surer foundation; better supervision; time gained by student; students did better work and were more skillful; fewer errors; it is rational to get a foundation before giving responsibility. This plan includes four hours daily in lecture and class; six hours in study and practice; two hours for recreation. Elizabeth T. Greener, superintendent of nurses Mt. Sinai Hospital, spoke on Practical Training for the Three Years. She favored the plan of including in the curriculum the following courses as elective for advanced study in partial preparation for special work, to be given in the last six months of a three years' course; for those planning for private duty service after graduation, extra experience in caring for special cases, and in the diet kitchen, etc.; those preparing for administrative work, opportunity to develop executive ability in the various departments, under supervision; for public health nursing, experience in the milk laboratory, the dispensary, etc.; also opportunities for other fields of work. The president gave a report of and history of the bill now before the legislature. Previous to the regular meeting round-table discussions were held by the administrative section on The Preliminary Course and by the public health section on Public Health Training in the Training School.

The graduating exercises of the Bellevue Hospital Training School, were held at the nurses' residence April 21. Forty-one nurses graduated.

BELLEVUE GRADUATES unveiled in their club house, on February 17, a tablet to the memory of Miss Perkins, a former superintendent, under whom the school did some of its best work.

BROOKLYN.—BROOKLYN HOSPITAL TRAINING SCHOOL graduates, to the number of one hundred, gathered on the afternoon of March 16 to bid farewell to the old building, which was a home, in more senses than one, to the many young women who had received their training there. The building which stands in the hospital grounds adjoining Fort Green Park, is to be torn down and a modern home erected in its place to accend with the new hospital buildings which represent the com-

bined gifts of Harold Pratt, Alfred T. White and the heirs of John Arbuckle. The occasion was a farewell reunion of graduates. Many responded from different parts of the state and from New Jersey, Massachusetts and Canada. Two members of the first class, 1882, joined those of later years in singing Auld Lang Syne. The reception committee of four was composed of graduates who, with one exception, had married doctors associated with them in training. The occasion was most enjoyable and interesting, many friends who had parted at graduation meeting again and exchanging personal and professional experiences.

Flushing.—THE ALUMNI ASSOCIATION OF THE FLUSHING HOSPITAL TRAINING SCHOOL FOR NURSES met in the Board room of the hospital on February 27 for the purpose of contributing donations to the Red Cross work. Resolutions were passed to appropriate a sufficient amount to provide 1200 laparotomy pads and 200 three-inch bandages all of which were shipped to Serbia.

Wyck.—THE HAVEN COUNTRY CLUB for professional women was opened last year. It is situated on a fine tract of land overlooking the Hudson River. Several hundred women have become members, and it is a genuine resource for writers, teachers, librarians, secretaries, nurses and social workers. The club extends a cordial welcome to all professional women inviting them to make one visit as a non-member, after which it is hoped such guests will join the club.

Rochester.—THE VERRINE NURSES OF ROCHESTER recently formed an organization known as the Public Health Nursing Organization. Its objects, as set forth in the constitution, are greater efficiency, cooperation to prevent overlapping, distribution of work in proper districts, to become one of the medical social factors of the city and to affiliate with the National Organization for Public Health Nursing. The officers are: president, Kathleen D'Olier; vice-president, Mrs. Nellie C. Lindsay; secretary, Agnes Cahaly; treasurer, Georgiana Wing. At the last meeting Emma Case gave a very interesting account of her work among the school children.

THE MOUNON COUNTRY ROCHSTER NURSES' ASSOCIATION held its annual meeting on March 20, when the following officers were elected: president, Eunice A. Smith; vice-presidents, Mrs. E. L. Howhewell, Miss Ryan; corresponding secretary, Ida McAfee; recording secretary, Louie Phillips; treasurer, Anna L. MacPherson; directors, Emily J. Jones, Cella Staub, Georgiana Wing, Miss McKensie.

ANNE FOSUM, a graduate of the Rochester General Hospital, who has held the position of superintendent of the Galt Hospital and Training School, Lethbridge, Canada, for the last four years, has resigned and will take a much-needed rest before assuming new responsibilities. Miss Fergie has been succeeded by S. E. Weston, graduate of the General Hospital, Montreal.

WAVE STILES has accepted the position of assistant superintendent of the Homeopathic Hospital. Miss Stiles is a graduate of the Samaritan Hospital, Sioux City; past graduate of Grace Hospital Detroit, where she for a time had charge of the surgical division. For the last two years and a half she has been superintendent of the Hanover Hospital, Milwaukee.

NORTH CAROLINA

THE BOARD OF EXAMINERS OF TRAINED NURSES OF NORTH CAROLINA will hold the regular spring examination in Wilmington, May 18, 19 and 20. Further information on request.

LOIS A. TOSSEN, R.N., Secretary,
125 South Fourth St., Wilmington, North Carolina.

THE NORTH CAROLINA STATE NURSES ASSOCIATION will hold its thirteenth annual meeting, in Wilmington, at the Hotel Wilmington, May 26-27.

NORTH DAKOTA

Bismarck.—ST. ALPHIUS HOSPITAL opened its new building on February 15. This has accommodations for about one hundred patients. One floor will be devoted to the use of the nurses in training. Much credit is given Sister Superior Basilica who has worked for years to raise the needed funds.

Grand Forks.—THE NORTH DAKOTA STATE NURSES ASSOCIATION held its third annual meeting April 27 and 28, at the Commercial Club Rooms. The report of the meeting was not received in time for this issue, but will be published later.

OHIO

Columbus.—THE GRANT HOSPITAL ALUMNAE ASSOCIATION held its regular monthly meeting in the reception room of the hospital on March 17. Mrs. Taylor presiding. Anna Johnson read a very interesting paper on Heredity. A paper on Prevention of Blindness by Alice Green was read by the secretary, Mrs. Boucher. Both papers were much enjoyed. The regular business meeting followed.

OKLAHOMA

THE STATE BOARD OF EXAMINERS OF NURSES FOR OKLAHOMA will hold the semi-annual examination for the registration of nurses in Oklahoma City, Oklahoma, St. Anthony's Hospital, on June 1 and 2, 1915. Applications must be filed with the secretary ten days before this date. For information and application blanks, address the secretary,

MABEL GARRISON,
1701 W. 15th St., Oklahoma City.

PENNSYLVANIA

Philadelphia.—THE HAHNEMANN HOSPITAL NURSES' ALUMNAE ASSOCIATION were given a very successful card party by Mrs. D. Lloyd at her home on March 20 for the benefit of the Association.

R. ELIZABETH BISHOP assumed her duties as superintendent of nurses at the Children's Hospital on April 1. Miss Bishop has held a number of executive positions, most of them in New York state.

THE GERMAN HOSPITAL ALUMNAE ASSOCIATION held its annual meeting April 9, at the hospital. Routine business was transacted, the following officers elected: president, Mrs. A. G. Miller; vice-presidents, Gertrude O'Neill; secretary, Elizabeth Rapp; treasurer, Bertha Knoll; chairman of executive committee, Florence Ashenfelter. Fifteen new members were admitted during the year. After the meeting a social hour was enjoyed in entertaining the graduating class of 1915. The commencement exercises were held May 4.

THE GRADUATE NURSES OF THE CHESTNUT HILL HOSPITAL have recently formed an alumnae association. The officers are as follows: president, Alice Dane; vice-presidents, Ida Jones and M. Irwin; treasurer, Margaret Shobottom; secretary, Anna M. Brown.

ALBANY.—THE ALUMNAE ASSOCIATION OF THE ALBANY HOSPITAL held the mid-winter dance on February 16 in the Elks' Home. It was very well attended,

a number of the out-of-town members having made an effort to be present. Refreshments were served followed by tea.

The regular monthly meeting of the Association was held on March 5 at the nurses' home. It was one of the largest meetings of the year. Dr. James A. Taylor gave a very interesting talk on Social Service.

RHODE ISLAND

Providence.—THE RHODE ISLAND HOSPITAL NURSES CLUB met at the George Ide Chase Home for Nurses on April 6, Miss Lord in the chair. After a brief business meeting, Mrs. L. B. Miller of the William Filene's Sons Company of Boston, spoke on Clothes Planning and the Budget, a discussion of how to reduce the spending of one's income to a business basis. Much interest was shown and the number of questions asked were only limited by the time allowed.

THE PROVIDENCE BRANCH GUILD OF ST. BARNABAS FOR NURSES held its regular monthly meeting at St. Stephen's Church on April 8. Dr. Fiske gave an address appropriate to the Easter season. Alice Hall of the Providence District Nursing Association, told of the work done by the District Nurses among the children; described the various baby clinics. The work is prevention rather than cure. The clinics at the school houses are the best attended. Pre-natal work and follow up work of the maternity cases is done to a large extent. Rest Cottage does a valuable work among the unmarried mothers, caring for them and their babies and often helping them to regain their self-respect and the respect of others. Many of them marry after they have been at Rest Cottage for a time. Miss Hall spoke of the impossibility of separating the children's work from the adults' and also how closely allied the work is with social service work. She told of a mother who asked "If the right thing is wrong with my child can I get her into Home?" (The Lakeside Home and Preventorium). The Baby Work was started in Providence in 1908 with one nurse, and now is divided into seven districts with eight nurses specializing.

THE HOMOEOPATHIC HOSPITAL AND SOCIETY held a Spring Festival and Bazaar on April 9 in Infantry Hall, both afternoon and evening. The afternoon programme included an exhibition of children's dancing followed by a supper. In the evening, a play, "The Arrival of Kitty," was given under the direction of Mrs. Mosher, the superintendent of nurses. Dancing concluded the evening. The proceeds of the Festival are to be used for the hospital, especially for the new hospital building which is so much desired by all interested.

Lydia Dyer, superintendent of nurses, Homeopathic Hospital, has resigned because of ill-health. Her many friends regret the necessity for her resignation from a post held since the opening of the hospital until January 1. Mrs. Mary Mosher, a graduate of the Saratoga General Hospital, has been appointed to succeed Miss Dyer.

Mrs. Martha C. Vadenais, class of 1913, Rhode Island Hospital, sailed for France on March 27, to enter the French Army Nursing Corps. Katherine P. Clarke, class of 1905, McLean Hospital, class of 1906, Brookline, Massachusetts Free Hospital for Women, and class of 1908, New York Polyclinic, has entered the English Army Nursing Corps.

JANE ROBLEY, class of 1904, Lowell General Hospital, sailed from Halifax, February 7, with the second Canadian Contingent. Miss Robley did private duty nursing in Sydney, N. S., for five years, was head nurse at the New Britain Hospital, New Britain, Connecticut, for one year, and has since practiced private duty nursing in Providence.

TENNESSEE

The Three Sectional Organizations in the state, known as East, Middle and West Tennessee Associations of Graduate Nurses, held a joint meeting early in April to form a state association with the following officers: president, Lena A. Warner, at large; vice-presidents, Katherine Schalkin, West Tennessee, Nina E. Wooten, Middle Tennessee; secretary and treasurer, Jeannette M. Palmer, East Tennessee.

TEXAS

THE TEXAS STATE BOARD OF EXAMINERS OF NURSES will hold examinations for graduate nurses in the following cities: San Antonio, El Paso, Galveston, Temple and Dallas, on May 18 and 19. Applications must be filed fifteen days prior to May 18. Information and application blanks can be procured of the secretary-treasurer.

M. M. TAYLOR,

Physicians and Surgeons Hospital,
San Antonio, Texas.

THE BOARD OF NURSE EXAMINERS held a called meeting in Austin on March 27, when the following officers were elected: president, E. Rowe, Austin; secretary-treasurer, M. M. Taylor, San Antonio. The other members of the new board are: K. Kelly, El Paso; M. Keough, Temple; J. Fife, Sherman.

UTAH

THE UTAH STATE NURSES ASSOCIATION held its annual meeting on March 12 at the Y. W. C. A. assembly rooms, Salt Lake City. The following officers were elected: president, D. A. Beeman; vice-president, Mrs. E. G. Richards; secretary, Mary A. Powell; assistant secretary, Laura G. Willis; treasurer, Alma Karison; chairman Ways and Means Committee, Ellen Leas; chairman Press and Programme, L. Green.

WASHINGTON

THE WASHINGTON STATE BOARD OF EXAMINERS OF NURSES will hold examinations for state registration June 1 and 2, 1915, in Spokane at the hall of the Doges, and in Seattle, at the Y. W. C. A.

Applications should be obtained at once from the secretary, as they must be returned to her by May 15.

ELLA A. WILKINSON, R. N., Secretary.

St. Luke's Hospital, Bellingham.

WISCONSIN

Milwaukee.—THE MILWAUKEE COUNTY NURSES' ASSOCIATION held the monthly meeting at Gimbel's Tea Room on March 9. Armine Conte, the Italian Consul, gave a talk on the Italian people and their customs which was enjoyed by all. A quartet of Italian school girls sang a number of songs.

BIRTHS

On March 3, at Battle Creek, Michigan, a son, to Dr. and Mrs. E. L. Eggleston. Mrs. Eggleston was Gertrude Neal, class of 1906, Battle Creek Sanitarium.

On March 4, at Tampa, Florida, a daughter, to Mr. and Mrs. Claude Turner. Mrs. Turner was Clara Bell Richard, class of 1912, Altoona Hospital, Altoona, Pennsylvania.

On February 26, a son, to Mr. and Mrs. Robert Brawley. Mrs. Brawley was Mayme McIntyre, class of 1912, Altoona Hospital, Altoona, Pennsylvania.

On February 24, at Chester, Montana, a daughter, Maud Olivia, to Mr. and Mrs. Lewis J. Mutchler. Mrs. Mutchler was Edith M. Henneberger, class of 1908, the Protestant Episcopal Hospital in Philadelphia.

On March 14, at Sioux Rapids, Iowa, a son, to Mr. and Mrs. Roy Lips. Mrs. Lips was Elsie Johnson, class of 1912, Mercy Hospital Training School, Davenport, Iowa.

On March 23, at Des Moines, Iowa, a son, to Mr. and Mrs. C. F. Carnahan. Mrs. Carnahan was Renie Mills. Both Mr. and Mrs. Carnahan are graduates of the Des Moines Sanatorium, and registered nurses.

Recently, to Dr. and Mrs. Stanley Granger, a son, Stanley, Jr. Mrs. Granger was Sara S. Nelson, class of 1907, Presbyterian Hospital, Chicago, and until her marriage was in charge of one of the medical floors of the hospital.

Recently, to Dr. and Mrs. James G. Ware, a son, James Rutherford. Mrs. Ware was Helen Rutherford, class of 1912, Presbyterian Hospital, Chicago.

MARRIAGES

Recently, at Philadelphia, Pennsylvania, Blanche Reak, class of 1911, Hahnemann Hospital Training School, to Paul Philips. Mr. and Mrs. Philips will live in West Philadelphia.

In December, at St. Clair, Michigan, Olive Butler, class of 1912, Battle Creek Sanitarium, Battle Creek, Michigan, to Fillmore Lorts. Mr. and Mrs. Lorts will live in St. Clair.

On April 1, at Malden, Massachusetts, Lorena B. Merriam, a former superintendent of nurses at the Boston Insane Hospital, to Alexander Grant. Mr. and Mrs. Grant will live in Malden.

On April 3, in the rectory of St. Cecilia Church, Boston, Mrs. Nellie G. Smullens, graduate of the William W. Backus Hospital, Norwich, Connecticut, to Foster Allen Kent. The wedding party gathered at the Boston Nurses' Club. Mr. and Mrs. Kent will live in Nantucket.

On February 1, Edna Epley, class of 1911, John C. Proctor Hospital, Peoria, Illinois, to Chester Blair. Mr. and Mrs. Blair will live near Weston, Illinois.

In March, at the home of her mother, in Chicago, Judith Holstrom to Mr. Henry Wulff, of Davenport. Mr. and Mrs. Wulff will live in Chicago.

DEATHS

On March 1, at the home of her father, Calumet, Michigan, after a long illness, Mrs. Katherine Ryan, a valuable member of the Copper County Graduate Nurses' Association. Mrs. Ryan was patient and untiring in her work which she loved.

On March 26, at the City Hospital, Providence, Rhode Island, after a lingering illness, Ruth C. Peterson, class of 1911, Rhode Island Hospital. Miss Peterson was much loved and her illness and death are a source of deep grief to all who knew her. Burial was in the North Burial Ground.

In February, at St. Helena Sanitarium, St. Helena, California, Mrs. Grace Ritchie. Mrs. Ritchie was Grace Smith, class of 1904, Battle Creek Sanitarium, Battle Creek, Michigan. Burial was at her home in Seattle, Washington.

Recently, at Orlando, Florida, Mrs. Eva Lendenberg Cochran, class of 1898, Battle Creek Sanitarium, Battle Creek, Michigan.

On March 26, suddenly, Ella Doban, a recent graduate of Long Island Hospital, Boston Harbor, Massachusetts. Miss Doban had received the appointment of head nurse at the hospital and her death came as a great shock to her associates.

Recently, at the advanced age of 68, Sister M. Ottilla Dunch of the Sisters of Mercy, Pittsburgh, Pennsylvania. Sister Ottilla spent three years during the Civil War in nursing the sick and wounded Union soldiers at the Stanton Hospital, Washington, D. C.

On March 22, at Baltimore, Mary Virginia Dowdell, of Perceville, Virginia, after an operation following grip. Miss Dowdell was a graduate of the University of Maryland Training School, class of 1901. She spent several years in the hospital after graduating, and since did private nursing. As a woman of fine character, and a worthy, intelligent member of her profession, her death is a great loss.

On March 28, at her home, Savannah, Georgia, F. Augusta Reppard, of the sequela of erysipelas. Miss Reppard was the first graduate of Ogleshorpe Sanatorium Training School, of Savannah.

On April 2, at her home in Brockville, Canada, Ethel M. Bacon, class of 1910, Hahnemann Hospital, Rochester, New York. Miss Bacon had been ill with tuberculosis for two years. She had previously done private nursing in Rochester.

On March 28, at Beverly, Massachusetts, Augusta C. Robertson, class of 1891, Massachusetts General Hospital. Miss Robertson had done private nursing for some years after graduation but she was best known as a hospital worker, having held the position of superintendent of nurses at St. Luke's Hospital, Chicago; the Massachusetts State Hospital, Tewksbury; and the Elliot Hospital, Manchester, New Hampshire, where she was also superintendent of the hospital. She was a public spirited woman as well as a progressive educator of nurses. She was a member of the National League of Nursing Education and the American Nurses' Association and had held offices of importance in the Massachusetts State Association, the alumnae association of her own school and the New Hampshire State Association, which she helped to organize. She was one of the JOURNAL's warmest friends and supporters from the inception of the JOURNAL idea, throughout her life. In 1910, Miss Robertson was stricken with blindness, followed by a general breaking down of her health. Her suffering and sense of loss were so great that her death seems a merciful release to freer life, for her nature was a free, energetic, buoyant one, so that she was a very real part of the life of any community in which she found herself. Funeral services were held in her home town, Danvers, and were attended by many friends to whom she had been dear.

On April 20, at Bernardsville, New Jersey, Augusta G. Reed, a much-loved visiting nurse. Miss Reed was crushed beneath an automobile which she was driving down a mountain road. (A fuller notice will appear in the June JOURNAL.)

BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON, R.N.

OBSTETRICAL NURSING. A Manual for Nurses and Students and Practitioners of Medicine. By Charles Sumner Bacon, Ph.B., M.D., Professor of Obstetrics, University of Illinois and the Chicago Polyclinic; Medical Director Chicago Lying-In Hospital and Dispensary; Attending Obstetrician Chicago Polyclinic, Henrotin, German and Evangelical Deaconess Hospitals. Illustrated with 123 Engravings. Lea & Febiger, Philadelphia and New York. Price \$2.

Dr. Bacon defines obstetrics as a science which considers "the physiological and pathological changes in woman during pregnancy, labor and the puerperium," and as an art which has "to do with the supervision and care of the reproduction functions in woman and especially with assistance during labor."

Obstetrical nursing he considers of great importance in the art of obstetrics. He believes, moreover, that the physician should be thoroughly acquainted with every detail of the nursing: "He should understand how to care for the sick gravida, the suffering woman in labor, and the lactating mother, just as much as the supervising engineer or architect should know the work of the employees under his control." It is this idea which puts the student and the practitioner in the company of the nurse in the sub-title. Perhaps there is nothing new in the text, but certainly none of the accumulated knowledge of this oldest branch of nursing that goes to make a good nurse will be found wanting. Every detail pertaining to the management of the normal obstetrical case is minutely considered. Every departure from the normal with its attendant complications has its treatment outlined.

There is an interesting chapter giving all the changes and developments of embryology. There is finally the care of the new born through the first few weeks of life.

THE PROMEX ANATOMY CHARTS. Goder-Heiman Co., 623 S. Wabash Avenue, Chicago. Price \$3.00 each. \$30.00 the set.

Of these maps the ones of the eye, ear, and of the median section through the head, are of mammoth size, greatly facilitating the teaching of minute parts. Thus the most tortuous labyrinth, the smallest

bloodvessel or nerve, can be plainly seen from the farthest corner of the class-room. We have seen many schemes for visual instruction, but never any approaching the Frohse Charts for satisfactory teaching. The latest councils on pedagogy have decreed that visual teaching brings the quickest and most lasting results. There are those who dissent and claim that it is a tax on the organs of sight. The difficulty is obviated in the Frohse Charts. Normal coloring, slightly intensified, and normal lines, sufficiently magnified make the chart teaching far less of a strain on the eyes than the close attention demanded when one would master the human anatomy from a text-book with the ordinary black and white plates.

The set of thirteen comprises beside the three already mentioned, ten others:

1. The skeleton frontal view.
2. The muscles frontal view.
3. The skeleton dorsal view.
4. The muscles dorsal view.
6. Viscera of the chest and abdomen A.
7. Viscera of the chest and abdomen B.
8. Viscera of the chest and abdomen C.
9. Viscera of the chest and abdomen D.
10. The Nervous System.
11. A Diagram of the Circulation.

STATE REGISTRATION FOR NURSES. By Louie Croft Boyd, R.N. Graduate Colorado Training School for Nurses, Connected with the City and County Hospital, Denver, Colorado, 1899; Post Graduate Presbyterian Hospital, Chicago, Illinois, 1903; Member Colorado State Board of Nurse Examiners 1905-1909. Second Edition. W. B. Saunders Company, Philadelphia and London. Price, \$1.25.

This book was reviewed in these pages at the time it appeared in its first edition in 1911. It is a valuable summary of the laws governing the registration of nurses in the United States. Its author presents the book with the hope that it find a place for itself as "a reference for those states contemplating new legal enactments, or the revision of laws already in existence, a means of ready reference also for the trained nurse in choosing her field of professional activity—whether temporary or permanent, and to serve as a basis in the collection of data for a complete history of the registration movement in the United States." The book represents a large amount of careful work in collecting and arranging the text.

OFFICIAL DIRECTORY

The American Journal of Nursing Company.—President, Clara D. Noyes, R.N., Bellevue Hospital, New York. Secretary, Missie H. Abrams, R.N., 104 South Michigan Avenue, Chicago, Ill.

The American Nurses Association.—President, Genevieve Cosha, R.N., 1148 Leavenworth Street, San Francisco, Cal. Secretary, Katharine DeWitt, R.N., 45 South Union Street, Rochester, N. Y. Treasurer, Mrs. G. V. Tolan, R.N., 619 West 146th Street, New York, N. Y. Annual meeting to be held in San Francisco, Calif., June 29-30, 1915.

The National League of Nursing Education.—President, Clara D. Noyes, R.N., Bellevue Hospital, New York, N. Y. Secretary, Sara E. Parsons, R.N., Massachusetts General Hospital, Boston, Mass. Treasurer, Mary W. McKeehan, R.N., 639 West 118th Street, New York. Annual meeting to be held in San Francisco, Calif., June 29-30, 1915.

The National Organization for Public Health Nursing.—President, Mary S. Gardner, R.N., 195 Washington Street, Providence, R. I. Secretary, Ella Phillips Crandall, R.N., 25 West 4th Street, New York City. Annual meeting to be held in San Francisco, Calif., June 29-30, 1915.

National Committee on Red Cross Nursing Service.—Chairman, Jane A. Dolans, R.N., American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—Superintendent, Dora E. Thompson, R.N., Room 3454 War Department, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, Leah S. Hughes, M.L.A., R.N., Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

Isabel Hampton Robb Memorial Committee.—Chairman, Adelaide Nutting, R.N., Teachers' College, New York City. Treasurer, Mary M. Middle, R.N., Newton Lower Falls, Mass.

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National Bureau on Legislation and Information.—Chairman, Mary C. Wheeler, R.N., 509 Monroe Street, Chicago, Ill.

Department of Nursing and Health, Teachers' College, New York.—Director, M. Adelaide Nutting, R.N., Teachers' College, Columbia University, 120th Street, New York City. Assistant Professor, Anne W. Goodrich, R.N., Teachers' College, New York City. Instructor, and secretary of the Nursing and Health Branch of Teachers' College Alumni Association, Isabel M. Stewart, R.N., Teachers' College, New York City.

Alabama.—President, Liana H. Denny, 127 North 6th Street, Birmingham. Corresponding secretary, Mary Dunham, 1909 Seventh Avenue, South, Birmingham.

Arkansas.—President, Maria S. Tye, R.N., Sparks Memorial Hospital, Fort Smith. Corresponding secretary, Cass Bell May, R.N., Sparks Memorial Hospital, Fort Smith. President ex officio board, Maria S. Tye, Sparks Hospital, Fort Smith. Secretary-treasurer, Mrs. F. W. Aycock, 1280 Park Avenue, Little Rock.

California.—President, Mrs. Anna W. Evans, R.N., 68 Fairmount Avenue, Oakland. Secretary, Mrs. Benjamin Taylor, R.N., 128 Ramon Street, Ocean View, San Francisco. Director, Bureau of Registration of Nurses, Anna C. Juma, R.N., State Board of Health, Sacramento.

Colorado.—President, Mrs. Cera Chamberlain, R.N., University Hospital, Boulder. Secretary, Evangeline Lake, R.N., Children's Hospital, Denver. President examining board, Mary B. Kyro, R.N., 1771 Pennsylvania Avenue, Denver. Secretary, Louise Ferrin, R.N., State House, Denver.

Connecticut.—President, Mrs. Winifred Aha Hart, R.N., 325 East Broadway, Stratford. Secretary, Harriet E. Gregory, R.N., 127 Crown Terrace, Waterbury. President examining board, Louisa Rutherford, R.N., Hartford Hospital, Hartford. Secretary, R. Ida Albough, R.N., Pleasant Valley.

Delaware.—President, Mrs. Estelle Hall Spachman, R.N., Claymont. Secretary, Amy Allen, R.N., 2450 West Street, Wilmington. President examining board, Harold L. Springer, M.D., 1813 Washington Street, Wilmington. Secretary and treasurer, Anna M. Hook, R.N., 323 West Ninth Street, Wilmington.

District of Columbia.—President, Lily Keady, R.N., 1728 G Street, Washington. Secretary-treasurer, Alice M. Preston, R.N., 2125 15th Street, Washington. President examining board, Lily Keady, R.N., 1728 G Street, Washington, D. C. Secretary-treasurer, Helen W. Gardner, R.N., 1327 K Street, N. W., Washington, D. C.

Florida.—President, Annie L. O'Brien, R.N., 25 East Second Street, Jacksonville. Corresponding secretary, Anna Davis, R.N., Florida East Coast Railway Hospital, St. Augustine. President examining board, Anna Davis, R.N., Florida East Coast Railway Hospital, St. Augustine. Secretary, Irene R. Foote, R.N., 15 East Duval Street, Jacksonville.

Georgia.—President, Ada Finley, R.N., 417 North Boulevard, Atlanta. Corresponding secretary, Mrs. Theodora Wardell, 244 Courtland Street, Atlanta. President examining board, Ella M. Johnston, R.N., 250 West 25th Street, Savannah. Secretary and treasurer, Mary A. Owens, P. O. Box 425, Savannah.

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